Case 16-32079 Doc 1 Filed 10/07/16 Entered 10/07/16 10:27:42 Desc Main Document Page 1 of 77
s information to identify your case:

Fill in this information to identify your ca	ise:
United States Bankruptcy Court for the:	
Northern District of Illinois	
Case number (If known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12
	Chapter 13

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

OCT 07 2016

JEFFREY P. ALLSTEADT, CLERK

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

٧.,	Known). Answer every questio	ก.	
P	art 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		(special state)
	Write the name that is on your government-issued picture	Elvia	
	identification (for example,	First name	First name
	your driver's license or	Lizett	
	passport).	Middle name	Middle name
	Bring your picture	Herrera	
	identification to your meeting with the trustee.	Last name	Last name
		Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you	Elvia	
	have used in the last 8 years	First name	First name
	Include your married or	Middle name	Middle name
	maiden names.	Herrera	•
		Last name	Last name
		Elvia	
		First name	First name
		L.	
		Middle name	Middle name
		Herrera	
		Last name	Last name
ndesang)	a varianti da santa d	A TO SHORE A SHIP WITH THE SHIP TO SHAPE A SHIP SHIP SHIP SHIP SHIP SHIP SHIP SHIP	
3.	Only the last 4 digits of your Social Security	xxx - xx - <u>7 4 5 1</u>	xxx - xx
	number or federal	OR	OR
	Individual Taxpayer Identification number (ITIN)	9 xx - xx	9 xx - xx

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Debtor	☐ Elvia Lizett H	errera		Capa number was a	
	First Name Middle N	arne Last Name		Case number (# known)	
11.22.24.24.25.25.15.25.25		About Debtor 1:	Particular de la companya de la comp	About Debtor 2 (Spouse Only in a Joint Cas	se):
ar Id	ny business names nd Employer entification Numbers EIN) you have used in	I have not used any !	business names or EINs.	☐ I have not used any business names or Ell	Ns.
th	e last 8 years	Business name		Business name	
	clude trade names and ping business as names	Business name		Business name	
		EIN		EIN	
		EIN		EIN	
5. W	here you live		t en til stad fra de stad fra de stad fra fra til en stad fra	If Debtor 2 lives at a different address:	maga ungatagan kanadada galamaja
		4223 S. Rockwell Number Street		Number Street	
		Okiana			
		Chicago City	IL 60632 State ZIP Code	City State Zif	Ode Code
		Cook County	AL	County	
		If your mailing address above, fill it in here. No any notices to you at this	is different from the one te that the court will send mailing address.	If Debtor 2's mailing address is different fro yours, fill it in here. Note that the court will se any notices to this mailing address.	end
		Number Street		Number Street	***************************************
		P.O. Box		P.O. Box	
		City	State ZIP Code	City State ZIF	² Code
thi	hy you are choosing is district to file for inkruptcy	Check one: Over the last 180 day 1 have lived in this dis other district.	s before filing this petition, trict longer than in any	Check one: Over the last 180 days before filing this peti I have lived in this district longer than in any other district.	tion,
		(See 28 U.S.C. § 140		I have another reason. Explain. (See 28 U.S.C. § 1408.)	

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	First Name Mkddle Nar					
art 2:	Tell the Court Abou	ut Your B	ankruptcy Case			
	hapter of the ruptcy Code you	Check or for Bank	ne. (For a brief desc ruptcy (Form 2010)	cription of each, see <i>Noti</i>). Also, go to the top of pa	ce Required by 11 age 1 and check ti	U.S.C. § 342(b) for Individuals Filing he appropriate box.
are choosing to file under	☑ Chap				,	
under	•	Chap	pter 11			
		☐ Char				
		☐ Char				
		yours subn with	self, you may pay nitting your paym a pre-printed add	with cash, cashier's on the control of the control	check, or money ur attorney may	ly, if you are paying the fee order. If your attorney is pay with a credit card or check
		Appl. I req By lates	ication for Individ tuest that my fee aw, a judge may, than 150% of the	be waived (You may but is not required to, official poverty line the	Fee in Installme request this opt waive your fee, a at applies to you	and may do so only if your income in the income in family size and you are unable to
	you filed for	Appli I req By la less pay t Chap	ication for Individ uest that my fee aw, a judge may, than 150% of the the fee in installm	be waived (You may but is not required to, official poverty line the	Fee in Installme request this opt waive your fee, a at applies to you his option, you m	ents (Official Form 103A). tion only if you are filing for Chapter and may do so only if your income is a family size and you are unable to nust fill out the Application to Have to
bankr	you filed for ruptcy within the years?	Appli I req By latess pay t	lication for Individ luest that my fee law, a judge may, than 150% of the the fee in installm oter 7 Filing Fee I	be waived (You may but is not required to, official poverty line the ents). If you choose the	Fee in Installment request this option waive your fee, a at applies to you his option, you m 103B) and file it	ents (Official Form 103A). tion only if you are filing for Chapter and may do so only if your income is a family size and you are unable to nust fill out the Application to Have the second size and you are unable to the y
bankr	ruptcy within the	Appli I req By la less pay t Chap	uest that my fee aw, a judge may, than 150% of the the fee in installmoter 7 Filing Fee I	be waived (You may but is not required to, official poverty line the ents). If you choose the Waived (Official Form	Fee in Installme request this opt waive your fee, a at applies to you his option, you m	ents (Official Form 103A). Ition only if you are filing for Chapter and may do so only if your income in family size and you are unable to hust fill out the Application to Have the with your petition.
bankr	ruptcy within the	Appli I req By la less pay t Chap	lication for Individ luest that my fee law, a judge may, than 150% of the the fee in installm oter 7 Filing Fee I	be waived (You may but is not required to, official poverty line the ents). If you choose the Waived (Official Form	Fee in Installment request this option waive your fee, a at applies to you his option, you m 103B) and file it	ents (Official Form 103A). Ition only if you are filing for Chapter and may do so only if your income in family size and you are unable to hust fill out the Application to Have the with your petition.
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bankr	ruptcy within the	Appli I req By la less pay t Chap	ication for Individ	be waived (You may but is not required to, official poverty line the ents). If you choose the Waived (Official Form When	Fee in Installment request this optivative your fee, at applies to you is option, you may so and file it	ents (Official Form 103A). tion only if you are filing for Chapter and may do so only if your income in family size and you are unable to hust fill out the Application to Have in with your petition. Case number
bankr last 8	uptcy within the years?	Appli I req By la less pay t Chap	ication for Individ	be waived (You may but is not required to, official poverty line the ents). If you choose the Waived (Official Form When	Fee in Installment request this optivate your fee, at applies to you is option, you may so and file it. MM / DD / YYYY	ents (Official Form 103A). tion only if you are filing for Chapter and may do so only if your income in family size and you are unable to hust fill out the Application to Have in with your petition. Case number
bankr last 8 Are ar cases	uptcy within the years?	Appli I req By lates pay to Chapt	ication for Individuation for Individuation for Individuation uest that my feether, a judge may, than 150% of the then the fee in installmenter 7 Filing Feether 7 Filing Feether Trick	be waived (You may but is not required to, official poverty line the ents). If you choose the Waived (Official Form When When	Fee in Installment request this optivate your fee, at applies to you is option, you may so the second of the secon	ents (Official Form 103A). Ition only if you are filing for Chapter and may do so only if your income is a refamily size and you are unable to nust fill out the Application to Have to with your petition. Case number Case number Case number
Are are cases filed be not fill you, co	ny bankruptcy pending or being y a spouse who is ling this case with or by a business er, or by an	Appli I req By lates pay to Chapt	Debtor	be waived (You may but is not required to, official poverty line the ents). If you choose the Waived (Official Form When When	Fee in Installment request this optivative your fee, at applies to you is option, you may so the fee it to the fee it the fee i	ents (Official Form 103A). tion only if you are filing for Chapter and may do so only if your income is a family size and you are unable to nust fill out the Application to Have to with your petition. Case number
Are are cases filed be not fill you, copartners	ny bankruptcy pending or being y a spouse who is ling this case with or by a business er, or by an	Appli I req By lates pay to Chapt	District District District District District District District	be waived (You may but is not required to, official poverty line the ents). If you choose the Waived (Official Form When When	Fee in Installme request this opt waive your fee, a at applies to you is option, you m 103B) and file it MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	ents (Official Form 103A). Ition only if you are filing for Chapter and may do so only if your income is a family size and you are unable to nust fill out the Application to Have to with your petition. Case number Case number Relationship to you

residence?

Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

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Pebtor 1 Elvia Lizett He		Last Name	<u></u>	Case nu	mber (if known)		
art 3: Report About Any E	Business	ses You Own as a So	le Propriet	or			
. Are you a sole proprietor	2 No.	Go to Part 4.					
of any full- or part-time business?	☐ Yes.	Name and location of bu	ısiness				
A sole proprietorship is a			10111000				
business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or		Name of business, if any		**************************************			
LLC. If you have more than one sole proprietorship, use a		Number Street					
separate sheet and attach it							
to this petition.		City			State ZIP	Code	
		Check the appropriate b	ox to describ	e your business:			
		☐ Health Care Busines	ss (as defined	l in 11 U.S.C. § 10	01(27A))		
		☐ Single Asset Real E	state (as defir	ned in 11 U.S.C. §	§ 101(51B))		
		☐ Stockbroker (as defi	ned in 11 U.S	S.C. § 101(53A))			
		Commodity Broker (as defined in	11 U.S.C. § 101(ô))		
		None of the above					
Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D).	most recany of the	appropriate deadlines. If cent balance sheet, state nese documents do not e I am not filing under Cha I am filing under Chapte the Bankruptcy Code.	ment of opera xist, follow the apter 11.	ations, cash-flow s e procedure in 11	statement, and fi U.S.C. § 1116(1	ederal inco 1)(B).	ome tax return or if
(6/2)	Yes.	I am filing under Chaptel Bankruptcy Code.	r 11 and I am	a small business	debtor accordin	g to the de	afinition in the
art 4: Report if You Own	or Have	Any Hazardous Prop	erty or Any	/ Property Tha	t Needs Imme	ediate A	itention
Do you own or have any property that poses or is	No						
alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any	Yes.	What is the hazard?					
property that needs immediate attention?		If immediate attention is	s needed, wh	y is it needed?			
For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?							
		Where is the property?	Number	Street			
			City	RANNA Machania de la companya del companya de la companya del companya de la comp		State	ZIP Code

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Debtor 1

Elvia Lizett Herrera

Case number (if known)_

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Last Name

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about
credit counseling because of

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before i filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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De	Elvia Lizett He	e Last Name	Case number (if known)	
P	art 6: Answer These Ques	stions for Reporting Purposes		
16	. What kind of debts do you have?	16a. Are your debts primarily as "incurred by an individual pr	consumer debts? Consumer debts ar rimarily for a personal, family, or househo	e defined in 11 U.S.C. § 101(8)
	you have?	No. Go to line 16b. Yes. Go to line 17,		
		16b. Are your debts primarily I money for a business or invest	business debts? Business debts are of the business of the busi	debts that you incurred to obtain iness or investment.
		No. Go to line 16c. Yes. Go to line 17.		
		16c. State the type of debts you ow	e that are not consumer debts or busines	s debts.
17.	Are you filing under Chapter 7?	☐ No. I am not filing under Chapte	er 7. Go to line 18.	terreterminen in er Schilde einen er seinem einem kann begenen bilden der Schilde der Ferlindung - vereignen sonnen den beschen bei der 12 bereich
Libylinbook výs	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	Yes. I am filing under Chapter 7. administrative expenses ar No Yes	. Do you estimate that after any exempt pee paid that funds will be available to distr	property is excluded and ibute to unsecured creditors?
18.	How many creditors do you estimate that you owe?	☑ 1-49 □ 50-99 □ 100-199 □ 200-999	☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 10,001-25,000	25,001-50,000 50,001-100,000 More than 100,000
19.	How much do you estimate your assets to be worth?	✓ \$0-\$50,000 ☐ \$50,001-\$100,000 ☐ \$100,001-\$500,000 ☐ \$500,001-\$1 million	□ \$1,000,001-\$10 million □ \$10,000,001-\$50 million □ \$50,000,001-\$100 million □ \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20.	How much do you estimate your liabilities to be?	□ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion
Pa	rt 7: Sign Below	4 \$300,001-\$1 mmor	4 (00,000,00 t-\$500 milatom	☐ More than \$50 billion
Fo	er you	I have examined this petition, and I correct.	declare under penalty of perjury that the i	nformation provided is true and
		If I have chosen to file under Chapte of title 11, United States Code. I und under Chapter 7.	er 7, I am aware that I may proceed, if elig ferstand the relief available under each cf	gible, under Chapter 7, 11,12, or 13 napter, and I choose to proceed
		If no attorney represents me and I di this document, I have obtained and	id not pay or agree to pay someone who read the notice required by 11 U.S.C. § 3	is not an attorney to help me fill out 42(b).
			e chapter of title 11, United States Code,	
		I understand making a false stateme with a bankruptcy case can result in 18 U.S.C. §§ 152, 1341, 1519, and 3	ent, concealing property, or obtaining mor fines up to \$250,000, or imprisonment fo 3571.	ney or property by fraud in connection r up to 20 years, or both.
		× El	> ×	
		Signature of Debtor 1	Signature of D	Debtor 2
		Executed on 10/06/2016 MM / DD / YYYY	Executed on	MM / DD / YYYY

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or your attorney, if you are epresented by one	I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no							
If you are not represented by an attorney, you do not need to file this page.	knowledge after an inquiry that the information							
	Signature of Attorney for Debtor	Date	MM	1	DĐ	/ YYYY		
	Printed name							
	Firm name		***************************************					
	Number Street							
	City	State	ZIP	Code				
	Contact phone	Email addro	ess			The state of the s		

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Debtor 1	Elvia Liz	zett Herrera Middle Name	Last Name	Case number (# known)	

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Bankruptcy Procedure, and the local rules of the court in be familiar with any state exemption laws that apply.	which your case is filed. You must also
Are you aware that filing for bankruptcy is a serious action consequences?	on with long-term financial and legal
□ No	
☑ Yes	
Are you aware that bankruptcy fraud is a serious crime a inaccurate or incomplete, you could be fined or imprison	
□ No	
☑ Yes	
Did you pay or agree to pay someone who is not an attor	rney to help you fill out your bankruptcy forms?
Yes. Name of PersonAttach Bankruptcy Petition Preparer's Notice, Declar	
Attach Bankrupicy Fetition Freparer's Notice, Decis	aration, and Signature (Official Form 119).
By signing here, I acknowledge that I understand the risk have read and understood this notice, and I am aware the attorney may cause me to lose my rights or property if I of	nat filing a bankruptcy case without an
: Chron x	
Signature of Debtor 1	Signature of Debtor 2
Date 10/06/2016 MM / DD / YYYY	Date MM / DD / YYYY
Contact phone (773) 512-1681	Contact phone
Cell phone (773) 512-1681	Cell phone
Email address	Email address

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Fill in this	information to ide	ntify your case:		
Debtor 1	Elvia Lizett He	errera		
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filir	ng) First Name	Middle Name	Last Name	
United State	s Bankruptcy Court fo	rthe: Northern District of	Ilinois	
Case number	er (If known)		<u> </u>	

☐ Check if this is an amended filing

12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

	Your assets Value of what you own
. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$1,750.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$ 6,835.50
1c. Copy line 63, Total of all property on Schedule A/B	\$ 6,835.50
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$24,000.00
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$28,546.66
Your total liabilities	\$52,546.66
art 3: Summarize Your Income and Expenses	
Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	_{\$} 2,372.53

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		Document	i age 10 or	1 1		
Deb	Ditor 1 Elvia Lizett Herrera First Name Middle Name	Last Name	Ca	ise number (if known)		
Pa	ort 4: Answer These Question	ns for Administrative and	Statistical Records	:		
6.	Are you filing for bankruptcy unde					
	☐ No. You have nothing to report or ☐ Yes	this part of the form. Check th	nis box and submit this fo	orm to the court	with your other	schedules.
7.	What kind of debt do you have?		er e	e te transferration e enque, agai, casa como		
	Your debts are primarily consuramily, or household purpose." 11	mer debts. Consumer debts a U.S.C. § 101(8). Fill out lines	re those "incurred by an 8-9g for statistical purpo	individual prima ses. 28 U.S.C. §	rily for a perso 159.	nal,
	Your debts are not primarily co this form to the court with your off	nsumer debts. You have noth ner schedules.	ning to report on this part	of the form. Che	eck this box ar	nd submit
8.	From the Statement of Your Current Form 122A-1 Line 11; OR, Form 122B	nt Monthly Income: Copy your	total current monthly in	come from Officia	aí	110112 25
	Tom Teers Line 11, ON, TORR 1221	5 Line 11, OR , FORM 1220-1 L	ine 14.			<u>, 4943,35</u>
0.4	Converted for Boundary and Indian				e e e personale de la composition de l	***************************************
J. 1	Copy the following special categori	es of claims from Part 4, line	e 6 of Schedule E/F:			
				Total claim		
	From Part 4 on Schedule E/F, cop	y the following:				
•	9a. Domestic support obligations (Cop	by line 6a.)		\$	0.00	
,	9b. Taxes and certain other debts you	owe the government. (Copy li	ne 6b.)	\$	0.00	
(9c. Claims for death or personal injury	while you were intoxicated. (C	Copy line 6c.)	\$	0.00	
Ç	9d. Student loans. (Copy line 6f.)			\$	0.00	

9e. Obligations arising out of a separation agreement or divorce that you did not report as

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

priority claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

0.00

0.00

0.00

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Fill in this information to identify your case and thi	is filing:			
Debtor 1 Elvia Lizett Herrera				
First Name Middle Name Debtor 2	Last Name			
(Spouse, if filing) First Name Middle Name	Last Name			
United States Bankruptcy Court for the: Northern District of	fIllinois			
Case number				
		☐ Check if this is an amended filing		
Official Form 106A/B		amondod ming		
Schedule A/B: Propert	tv	AOLER		
In each category, separately list and describe item		12/15		
category where you think it fits best. Be as complete responsible for supplying correct information. If murite your name and case number (if known). Answer	ete and accurate as possible. If two married peopl nore space is needed, attach a separate sheet to th	le are filing together, both are equally nis form. On the top of any additional pages,		
Do you own or have any legal or equitable intere				
□ No. Go to Part 2.	ist in any residence, building, land, or sittata prop	erty :		
✓ Yes. Where is the property?				
	What is the property? Check all that apply.	Do not deduct secured claims or exemptions. Put		
1.1. Wyndham Glacier Canyon	☐ Single-family home Duplex or multi-unit building	the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.		
Street address, if available, or other description	Condominium or cooperative	Current value of the Current value of the		
45 Hillman Road	Manufactured or mobile home	entire property? portion you own?		
	Land Investment property	\$\$1,000.00		
Baraboo WI 53913 City State ZIP Code	Timeshare	Describe the nature of your ownership		
State ZIF Code	Other	interest (such as fee simple, tenancy by the entireties, or a life estate), if known.		
	Who has an interest in the property? Check one.			
Sauk	Debtor 1 only			
County	Debtor 2 only Debtor 1 and Debtor 2 only	Check if this is community property		
	At least one of the debtors and another	(see instructions)		
	Other information you wish to add about this it	tem, such as local		
If you own or have more than one, list here:	property identification number: Wyndham V	acation Timeshare		
wyse swit of flate filed than one, flat flete.	What is the property? Check all that apply.	8 444 4 44		
1.2. 410 South Ocean Boulevard	☐ Single-family home	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D:		
Street address, if available, or other description	Duplex or multi-unit building Condominium or cooperative	Creditors Who Have Claims Secured by Property.		
Wyndham Myrtle Beach Resorts	Condominium or cooperative Manufactured or mobile home	Current value of the entire property? Current value of the portion you own?		
Wyndrian Myrtie Beach Nesorts	☐ Land	\$ 1,500.00 _{\$} 750.00		
North Myrtle Beach SC 29582	Investment property	Describe the nature of your ownership		
City State ZIP Code	☑ Timeshare ☐ Other 80.00	interest (such as fee simple, tenancy by the entireties, or a life estate), if known.		
	Who has an interest in the property? Check one.			
Horry	Debtor 1 only			
County	Debtor 2 only Debtor 1 and Debtor 2 only	Chook if this is a new with a new		
	At least one of the debtors and another	Check if this is community property (see instructions)		
	Other information you wish to add about this ite			
	property identification number: wyndham Va	Cation Timeshare		

	Elvia Lizett Herrera	Filed 10/07/16 Entered 10/07/16 Document Page 12 of 77 Name	10:27:42 Desc	c Main
1.3.	Street address, if available, or other description	Condominium or cooperative Manufactured or mobile home Land Investment property	Do not deduct secured clithe amount of any secure Creditors Who Have Clair Current value of the entire property?	ed claims on Schedule D: ms Secured by Property. Current value of the portion you own?
	City State ZIP (Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
	County	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Check if this is co	ommunity property
		Other information you wish to add about this ite property identification number:	em, such as local	
Part 2: Do you o	Describe Your Vehicles			
3. Cars,	that someone else drives. If you lease a v	terest in any vehicles, whether they are registered or ehicle, also report it on Schedule G: Executory Contracts icles, motorcycles	not? Include any vehicles and Unexpired Leases.	S
	that someone else drives. If you lease a very vans, trucks, tractors, sport utility veho	ehicle, also report it on Schedule G: Executory Contracts	not? Include any vehicles and Unexpired Leases.	S
3. Cars,	that someone else drives. If you lease a very vans, trucks, tractors, sport utility very very very very very very very ver	ehicle, also report it on Schedule G: Executory Contracts	not? Include any vehicles and Unexpired Leases. Do not deduct secured class the amount of any secured Creditors Who Have Claim Current value of the entire property?	aims or exemptions. Put d claims on Schedule D:
B. Cars,	that someone else drives. If you lease a very vans, trucks, tractors, sport utility very colors. Make: Model: Year: Dodge Avenger 2012	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured clathe amount of any secured Creditors Who Have Claim	aims or exemptions. Put d claims on <i>Schedule D:</i> ns <i>Secured by Property.</i> Current value of the
3. Cars, No. 10 Ye 3.1.	that someone else drives. If you lease a very vans, trucks, tractors, sport utility very very very very very very very ver	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property?	aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own?
3. Cars, No. 10 Ye	that someone else drives. If you lease a very vans, trucks, tractors, sport utility very ones. Make: Model: Year: Approximate mileage: Other information: Value Per KBB, PPV 50% Interest with Mother	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property?	aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$3,540.50 aims or exemptions. Put d claims on Schedule D:
3. Cars, No	that someone else drives. If you lease a vans, trucks, tractors, sport utility versoes Make: Model: Year: Approximate mileage: Other information: Value Per KBB, PPV 50% Interest with Mother own or have more than one, describe her	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one.	Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property? \$ 7,081.00 Do not deduct secured clathe amount of any securer claim	aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$3,540.50 aims or exemptions. Put d claims on Schedule D:

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Debtor 1	Elvia Lizett	Herrera		Document	Page 13 of 77 Case number (if known	
	First Name	Middle Name	Last Nam	E	THE THE PARTY OF T	· · · · · · · · · · · · · · · · · · ·

	Model:		Do not deduct secured cla	
		Debtor 1 only	the amount of any secure Creditors Who Have Clair	
	Year:	Debtor 2 only		
	Approximate mileage:	Debtor 1 and Debtor 2 only	entire property?	Current value of the portion you own?
	Other information:	At least one of the debtors and another	,	portion you own:
		Check if this is community property (see instructions)	\$	\$
3.4. l	Make:	Who has an interest in the property? Check one.	Do not deduct secured cla	aims or exemptions. Put
ı	Model:	Debtor 1 only	the amount of any secure Creditors Who Have Clain	d claims on Schedule D:
•	Year:	Debtor 2 only		
,	Approximate mileage:	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Other information:	At least one of the debtors and another	omio proporty.	portion you owit:
		Check if this is community property (see instructions)	\$	\$
Yes	3			
N	Make: Model: /ear:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured cla the amount of any secured Creditors Who Have Claim	d claims on Schedule D: ns Secured by Property.
N Y	Model:	Debtor 1 only	 the amount of any secured 	claims on Schedule D:
N Y	Model:	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	the amount of any secured Creditors Who Have Claim Current value of the	d claims on Schedule D: ns Secured by Property. Current value of the
N Y	Model:	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	the amount of any secured Creditors Who Have Claim Current value of the entire property?	d claims on Schedule D: ns Secured by Property. Current value of the portion you own?
If you o	Model: /ear: Other information:	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only	the amount of any secured Creditors Who Have Claim Current value of the entire property?	d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$
If you o	Model: /ear: Other information: which is the second and the sec	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	the amount of any secured Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured clait the amount of any secured	d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$
If you o	Model: /ear: Other information: wan or have more than one, list here Make: Model:	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only	the amount of any secured Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured claim the amount of any secured Creditors Who Have Claim	d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$

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Debtor 1

Elvia Lizett Herrera First Name Middle Name

Last Name

Case number (if known)_

D	o you own or have any leg	al or equitable interest in any of the following items?	portion y	value of the vou own? fuct secured claims ons.
6.	Household goods and fu	rnishings	·	
	Examples: Major appliance	es, furniture, linens, china, kitchenware		
	□ No		·	
	Yes. Describe	sed Household Goods, Furnishings, and Appliances	\$	1,000.00
7.	Electronics		:	
	collections; elec	radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music stronic devices including cell phones, cameras, media players, games		
	No Yes. Describe E	hostroniaa		
	Tes. Describe	lectronics	\$	200.00
8.	Collectibles of value		me recommended.	
	stamp, coin, or No	gurines; paintings, prints, or other artwork; books, pictures, or other art objects; baseball card collections; other collections, memorabilia, collectibles		
	Yes. Describe		\$	
9.	Equipment for sports and	hobbies		
	Examples: Sports, photogr	aphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes pentry tools; musical instruments		
	Yes. Describe			
			\$	
10	☑ No	notguns, ammunition, and related equipment		
	Yes. Describe		\$	
11.	Clothes)	
	Examples: Everyday clothe	s, furs, leather coats, designer wear, shoes, accessories		
	Yes. DescribeU	sed Clothing	\$	100.00
12.	Jewelry Examples: Everyday jewelr gold, silver	y, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,		
	Yes. DescribeJe	ewelry	\$	100.00
13.	Non-farm animals Examples: Dogs, cats, birds		······································	
	No Yes. Describe		\$	50.00
. ,	ט	og		
:4		ousehold items you did not already list, including any health aids you did not list		
	✓ No ✓ Yes. Give specific			
			\$	
15.	Add the dollar value of all	of your entries from Part 3, including any entries for pages you have attached	s	1,450.00

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Last Name

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Debtor 1

Elvia Lizett Herrera First Name

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Case number (# known)

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Describe Your Financial Assets

Middle Name

Do you own or have an	y legal or equitable interest in	any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16, Cash	u baya in yayayallak is sasa baya		
✓ No	u nave in your waller, in your nor	ne, in a safe deposit box, and on hand when you file your peti	tion
		Cash	•
		Cash:	······ \$
and other	savings, or other financial accousimilar institutions. If you have m	ints; certificates of deposit; shares in credit unions, brokerage ultiple accounts with the same institution, list each.	houses,
☐ No ☑ Yes		Institution name:	
	17.1. Checking account:	Bank of America	\$0.00
	17.2. Checking account:	Chase Bank Account No. ending with 2562	\$ 80.00
	17.3. Savings account:	Bank of America	s 15.00
	17.4. Savings account:		
	17.5. Certificates of deposit:		T
	17.6. Other financial account:		
	17.7. Other financial account:		
	17.8. Other financial account:		T
	17.9. Other financial account:		
	s, or publicly traded stocks s, investment accounts with broke Institution or issuer name:	erage firms, money market accounts	
			\$
			\$
			\$ <u></u>
19. Non-publicly traded an LLC, partnership,	stock and interests in incorpor and joint venture	rated and unincorporated businesses, including an intere	st in
☑ No	Name of entity:	% of owners	hip:
Yes. Give specific information about		0%	% \$
them		0%	% \$
		<u>U%</u>	% \$

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Debtor 1		Case number (if known)	
20. Government and corp	orate bonds and othe	er negotiable and non-negotiable instruments	
Negotiable instruments Non-negotiable instrum	include personal chec ents are those you car	ks, cashiers' checks, promissory notes, and money orders. not transfer to someone by signing or delivering them.	
🗹 No			
Yes. Give specific information about them	Issuer name:		\$
***************************************			\$
			\$
		11(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	
☑ No ☐ Yes. List each			
account separately.	Type of account:	Institution name:	
	401(k) or similar plan:		\$
	Pension plan:		\$
	IRA:		\$
	Retirement account:		\$
	Keogh:		\$
	Additional account:		\$
	Additional account:		\$
22. Security deposits and property of all unused Your share of all unused Examples: Agreements companies, or others	l deposits you have m	ade so that you may continue service or use from a company I rent, public utilities (electric, gas, water), telecommunications	
☑ No			
☐ Yes	Ins	titution name or individual:	
	Electric:		\$
	Gas:		\$
	Heating oil:		\$
	Security deposit on ren	al unit:	\$
	Prepaid rent:		\$
	Telephone:		\$
	Water:		\$
	Rented furniture:		\$
	Other:		\$

Yes	Issuer name and description:	
		\$
		\$
		\$

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Case number (if known)

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Case number (if known)

4. Interests in an education IRA, 26 U.S.C. §§ 530(b)(1), 529A(b)	n an account in a qualified Af	BLE program, or under a quali	fied state tuition program.	
☑ No	/-//			
□ v	notifyitian name and december.	Community Classic Community of the Commu		
ŧ	isaution name and description.	. Separately file the records of ar	ny interests.11 U.S.C. § 521	(c):
_				\$
-	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE			\$
_				e
				φ
Trusts, equitable or future inte exercisable for your benefit	ests in property (other than a	anything listed in line 1), and ri	ghts or powers	
2 No				
☐ Yes. Give specific	**************************************	enne menner i mede S Serbarde er roman mennen melle de kylode Serbarde ynderde yn mone bet beneden en den olled		***************************************
information about them				\$
·	The state of the s	er and the control of the state	ar titl til til til til til til til til ti	at many
Patents, copyrights, trademark	s, trade secrets, and other in	tellectual property		
Examples: Internet domain name	s, websites, proceeds from roya	alties and licensing agreements		
☑ No	hadayayay maannin an maa sa maanna kanalayaa ka sa	The man was and the start of th		
Yes. Give specific		The state of the s	201 - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
information about them				\$
		A (1000)		accid
Licenses, franchises, and othe	r general intangibles			
Examples: Building permits, excl	asive licenses, cooperative asso	ociation holdings, liquor licenses,	, professional licenses	
☑ No				
Yes. Give specific information about them				
mormator about trem				\$
nnov ou museumbe d to 0				and the second of the second o
oney or property owed to you?				Current value of th
				portion you own? Do not deduct secured
				claims or exemptions.
Tax refunds owed to you				
☑ No				
☐ Yes. Give specific information	e en	adi ata ana miningan mandala dalam madama miningan mana mana mangan dalah da badalah miningan manga		•
about them, including wi			Federal:	\$
you already filed the retuence and the tax years			State:	\$
and the tart yours.			Local:	\$

Family support				
Examples: Past due or lump sum	alimony, spousal support, child	support, maintenance, divorce s	settlement, property settleme	ent
☑ No				
☐ Yes. Give specific information				
			Alimony:	\$
			Maintenance:	\$
			Support:	\$
			Divorce settlement:	\$
			Property settlement:	\$\$
-			Froperty settlement:	Ψ
Other amounts someone owes Examples: Unpaid wages, disabil	you ty incurance normants allocation	hi hanafita wi-li		
Examples: Unpaid wages, disabil Social Security benefit	ity insurance payments, disabilit is; unpaid loans you made to so	iy benetits, sick pay, vacation pa omeone else	y, workers' compensation,	
No No				
Yes. Give specific information				
opposito anomation	· · · · · · · · · · · · · · · · · · ·			\$

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Debtor i	First Name Middle Name	Lord Name	Case number (if known)	
	, and then its Michie Mattle	Last Name		
1 interes	s in insurance policies			
		nce: health savings account (HS/	A); credit, homeowner's, or renter's insurance	
Z No	,,, ,, ,	Too, House, outringo dobourit (110)	y, stead, noncowners, or terms s insurance	
	Name the insurance company of each policy and list its value	Company name:	Beneficiary:	Surrender or refund value:
	or each policy and list its value			¢
				Φ
				\$
Anu inte	annot in manager, that is also			D
If you ar	erest in property that is due you e the beneficiary of a living trust, e because someone has died.	expect proceeds from a life insura	ance policy, or are currently entitled to receive	
☑ No		Allemania		
Yes.	Give specific information			arabana y
		11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		<u> </u>
	against third parties, whether or es: Accidents, employment dispute			
	Describe each claim	many to the property of the property of the second		
 1 165.	Describe each Claim			\$
4. Other co to set of 2 No	ontingent and unliquidated clain ff claims	ns of every nature, including c	ounterclaims of the debtor and rights	
	Describe each claim.	s min mentan mela nya sala salaman salama salama menanaman selaman ne kalamata salama salam menanan		
				\$
2 No	ncial assets you did not already Give specific information			\$
	alatham control of all of control of			
for Part	4. Write that number here	s from Part 4, including any er	ntries for pages you have attached	95.00
art 5:	Describe Any Rusiness	Polotod Branauty Va., O	and the second s	
	Describe Any Business	Aeiated Property You O	wn or Have an Interest In. List any I	real estate in Part 1.
.Do you d	own or have any legal or equitat	ole interest in any business-rel	ated property?	
	Go to Part 6.			
■ Yes.	Go to line 38.			
				Current value of the
				portion you own?
				Do not deduct secured claims or exemptions.
Account	s receivable or commissions yo	ou already earned		
☐ No				
☐ Yes.	Describe			-
				\$
	quipment, furnishings, and support the support of t		hines, rugs, telephones, desks, chairs, electronic devices	
□ No	. = ==	, почета, ринета, сорять, тах maci	mires, rugs, telepriories, desks, chairs, electronic devices	i
	Describe	and the second control of the second control		

Case 16-32079 Filed 10/07/16 Entered 10/07/16 10:27:42 Desc Main Document Page 19 of 77 Elvia Lizett Herrera Debtor 1 ase number (if known) Last Name 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade ☐ No Yes. Describe..... 41 Inventory ☐ No Yes. Describe...... 42. Interests in partnerships or joint ventures Yes. Describe...... Name of entity: % of ownership: 43. Customer lists, mailing lists, or other compilations ☐ No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? Yes. Describe...... 44. Any business-related property you did not already list ☐ No Yes. Give specific information 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. 47. Farm animals Examples: Livestock, poultry, farm-raised fish ☐ No ☐ Yes.....

Doc 1

Elvia Lizett Herrera Debtor 1 Case number (if known) First Name Middle Name Last Name 48. Crops-either growing or harvested O No Yes. Give specific information..... \$_ 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade ☐ No ☐ Yes..... 50. Farm and fishing supplies, chemicals, and feed ☐ No ☐ Yes..... 51. Any farm- and commercial fishing-related property you did not already list ☐ No Yes. Give specific information..... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☑ No Yes. Give specific information..... 54. Add the dollar value of all of your entries from Part 7. Write that number here Part 8: List the Totals of Each Part of this Form 1,750.00 55. Part 1: Total real estate, line 2 3,540.50 56. Part 2: Total vehicles, line 5 1,450.00 57. Part 3: Total personal and household items, line 15 95.00 58. Part 4: Total financial assets, line 36 0.00 59. Part 5: Total business-related property, line 45 0.00 60. Part 6: Total farm- and fishing-related property, line 52 0.00 61. Part 7: Total other property not listed, line 54 6,835.50 Copy personal property total → +\$_ 62. Total personal property. Add lines 56 through 61. 6,835.50 63. Total of all property on Schedule A/B. Add line 55 + line 62. 6,835.50

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Fi	ll in this in	forma	tion to identify you	ır case:								
De	ebtor 1		Lizett Herrera									
	ebtor 2	First Na		Middle Name		Last Name						
	pouse, if filing) nited States I		me otcy Court for the: Nort	Middle Name	t of Illinois	Last Name						
Ca	ase number		ncy Court for Bie. 1401	UICH DISUIC	t Of IIItlOIS						Check i	
	***************************************		106C	.	. 4	~~	- :-	_				
			C: The									04/16
Usir spa youi	ng the propo ce is neede r name and	erty yo d, fill o case	accurate as possible to listed on Schedule but and attach to this number (if known).	e A/B: Prope s page as m	e <i>rty</i> (Official any copies c	Form 106 <i>P</i> of <i>Part 2: A</i>	/B) as you dditional P	r source, list t age as neces	he property th sary. On the to	at you claim op of any ad	as exempt. If mo ditional pages, wr	re ite
spe of a retir limi:	cific dollar ny applica rement fun ts the exer	amouble stated dsn nptior	perty you claim as int as exempt. Alte atutory limit. Some nay be unlimited in i to a particular do	rnatively, y exemptior dollar amo llar amount	ou may clans—such as ount. However the tand the tand the tand the value of the tand the value of the tand the value of the tand tand the tand tand tand tand tand tand tand tand	im the full those for er, if you	fair marke health aic claim an e	et value of th is, rights to r xemption of	e property be eceive certai 100% of fair i	ing exempt n benefits, a narket valu	ed up to the amound tax-exempt e under a law the	ount
			the applicable stat y the Property Y	-		t						
	You ar	re clair re clair	emptions are you on ning state and feder ning federal exempt y you list on Scheo	ral nonbankı tions, 11 U.S	ruptcy exem _l S.C. § 522(b	ptions. 11)(2)	J.S.C. § 5	22(b)(3)				
			n of the property an nat lists this propert		Current value		Amount	of the exempt	ion you claim	Specific	c laws that allow e	exemption
					Copy the val Schedule A/I	ue from	Check on	ly one box for	each exemptio	1.		
	Brief description	n:	2012 Dodge Av	<u>enger</u>	\$ <u>3,540.5</u> (<u> </u>	2 1 s	2,400.00				
	Line from Schedule	A/B:	3.1					of fair marke pplicable stat	t value, up to utory limit			
	Brief description	n:	Used Clothing	·····	\$	100.00	Ø \$	100.00		***		
	Line from Schedule	A/B:	11.1_					of fair marke pplicable stat	t value, up to utory limit			
	Brief description	n :	Chase Checkin	<u>q</u>	\$80.00		Ø \$ <u>80</u>	***************************************				
	Line from Schedule	A/B:	17.2					of fair marke pplicable stat	t value, up to utory limit			
	(Subject to No	adjus id you o	g a homestead exe tment on 4/01/19 an acquire the property	ed every 3 ye	ears after tha	at for cases			-	t.)		

Document

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Debtor 1

Elvia Lizett Herrera First Name

Middle Name Last Name Case number (if known)_

Part 2:

Additional Page

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	Bank of America Savi	s 15.00	☑ \$ 15.00	
Line from Schedule A/B:	17.3		100% of fair market value, up to any applicable statutory limit	
Brief description:		\$		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	_ \$	
Line from Schedule A/B:	-		☐ 100% of fair market value, up to any applicable statutory limit	***************************************
Brief description:	***************************************	\$	Q \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	Q \$	
Line from Schedule A/B:	manufacture of the second		100% of fair market value, up to any applicable statutory limit	
Brief description:		\$		
Line from Schedule A/B:	-1/		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$		
Line from Schedule A/B:	Marie and Marie and Applying to the Control of the		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	***************************************	\$	\$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	_ \$	
Line from Schedule A/B:			100% of fair market value, up to any applicable statutory limit	
Brief description:	Annual State of the State of th	\$		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	0 \$	
Line from Schedule A/B:			100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<u> </u>	
Line from Schedule A/B:	water-market and the second		100% of fair market value, up to any applicable statutory limit	

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Fill in this information to identify your case: Debtor 1
First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois Case number (If known) Check if this is an amended filing
(Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois Case number (If known) Check if this is an amended filing
United States Bankruptcy Court for the: Northern District of Illinois Case number (If known) Check if this is an amended filing
Case number Check if this is an amended filing
(If known) Check if this is an amended filing

Official Form 106D
Schedule D: Creditors Who Have Claims Secured by Property 12/15
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.
information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).
1. Do any creditors have claims secured by your property?
No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below.
Part 1: List All Secured Claims
2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately Amount of claim - Value of collected - Unconversely - Value of collected - Unconversely - Value of collected - Unconversely -
for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2
As most as possible, list the claims in alphabetical order according to the creditor's name. value of collateral.
The Inn At Glacier Canyon Describe the property that secures the claim: \$ 0.00 \\$ 2,000.00 \\$ 0.0
PO Box 574, Lake Delton Wyndham Glacier Canyon Timeshare
Number Street 195,000 Points Per Year; 50% Interest
Vacation Owners Association As of the date you file, the claim is: Check all that apply. Contingent
Lake Delton 24 Delton WI Latter 8 Unliquidated
City State ZIP Code Disputed
Who owes the debt? Check one. Nature of lien. Check all that apply.
Debtor 1 only An agreement you made (such as mortgage or secured car loan)
Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien)
☐ At least one of the debtors and another ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) Assessmen
Check if this claim relates to a community debt
Date debt was incurred Last 4 digits of account number
2.2 Wyndham Vacation Describe the property that secures the claim: \$ 11000.00 \$ 1,500.00 \$ 9,500.00
Creditor's Name 10750 W. Charleston Blvd Wyndham Myrtle Beach Resorts
Number Street 105,000 Points per Year
As of the date you file, the claim is: Check all that apply.
Las Vegas NV 89135 Unliquidated
City J State ZIP Code Disputed
Who owes the debt? Check one. Nature of lien. Check all that apply.
☐ Debtor 1 only ☐ An agreement you made (such as mortgage or secured car loan)
Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien)
At least one of the debtors and another Judgment lien from a lawsuit
Check if this claim relates to a
community debt Date debt was incurred 04/06/2012 Last 4 digits of account number 5 1 8 9
Add the dollar value of your entries in Column A on this page. Write that number here: \$\frac{11000.00}{2}\$

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			Document	1 age 27 of 11
Debtor 1	Elvia Lize	tt Herrera		0
3301011	First Name	Middle Name	Last Name	Case number (if known)

Part 1:	by 2.4, and so forth.	page, number them beginning with 2.3, followed	Column A Amount of claim Do not deduct the value of collateral.		of Collateral upports this	Column C Unsecured portion If any
	ndham Vacation	Describe the property that secures the claim:	\$13,000.00	\$	2,000.00	11,000.00
	r's Name 50 W. Charleston Blvd r Street	Wyndhma Glacier Canyon 195,000 Points Per Year				
Las	Vegas NV 89135 State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed				:
Deb Deb Deb At le	tor 1 only tor 2 only tor 1 and Debtor 2 only tast one of the debtors and another tock if this claim relates to a famunity debt bt was incurred 12/12/2005	Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Mortgage Last 4 digits of account number 8 1 3 2				
104			t der verlande hetellig vert vill die voor elektrys et de tijneld vir valle alle van versteense	light had likeliğes te jarqaysı aysıng ha	eki ener soori ilgileg, eki gooloog kilgolgenges	di mena manana bakan nekitan di kandinen sine
Creditor	dham Vacation Resorts	Describe the property that secures the claim:	\$0.00	\$	1,500.00 \$	0.00
PO (Box 98940 Street	Wyndham Myrtle Beach Resorts				
City Who ow Debt Debt At lea	Vegas NV 89193 State ZIP Code res the debt? Check one. or 1 only or 2 only or 1 and Debtor 2 only ast one of the debtors and another ck if this claim relates to a munity debt bt was incurred	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Assessment Last 4 digits of account number				
To the second of the party	Overs constitutional agency in property converses property abstract and the Spilly represents, a convert action amount by represent		and the second state of the second state of the second second second second second second second second second	er e	eritaantorium ta dagaadiya gagay yila agaan oo ee qaraa a	No continuos properties de contrata de con
Creditor Number	Street	As of the date you file, the claim is: Check all that apply. Contingent	5	\$	\$	
City	State ZIP Code	☐ Unliquidated ☐ Disputed				
enn.	es the debt? Check one.	Nature of lien. Check all that apply.				
Debte Debte Debte At leas	or 1 only or 2 only or 1 and Debtor 2 only ast one of the debtors and another ck if this claim relates to a munity debt	□ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset)				
Date det	ot was incurred	Last 4 digits of account number				
		in Column A on this page. Write that number here:	13,000.00			
lf : W	this is the last page of your form, rite that number here:	add the dollar value totals from all pages.	24,000.00			

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Debtor 1

Elvia Lizett Herrera

rst Name	Middle Name	Last Name

Case number (if known)_____

you have mor	only if you have others t	to be notified abou τ a debt you owe to no of the debts tha	o someone else, list t t vou listed in Part 1	r a debt that you already listed in Part 1. For example, if a collection he creditor in Part 1, and then list the collection agency here. Similarly, if list the additional creditors here. If you do not have additional persons to
_			· -	Countries For to Board Hall to the Countries of the Count
Name	am Financial; Baymo	ont Franchise S	systems, Inc	On which line in Part 1 did you enter the creditor? $\frac{2.4}{}$
	Collections Center D	rivo		Last 4 digits of account number
Number	Street	e		
Number	Glieel			
Chicago)	IL	60693	_
City		State	ZIP Code	
	m Mortgage			On which line in Part 1 did you enter the creditor? $\frac{2.4}{}$
Name PO Box	340090			Last 4 digits of account number
Number	Street			
Boston		MA	02241	_
City		State	ZIP Code	

vvynana Name	m Vacation Owners	hip, Inc.		On which line in Part 1 did you enter the creditor? $\frac{2 \cdot 3}{2 \cdot 3}$
	a Harbor Drive			Last 4 digits of account number
Number	Street			
Orlando		FL		_
City		State	ZIP Code	

Name				On which line in Part 1 did you enter the creditor?
waine				Last 4 digits of account number
Number	Street			<u></u>
				
City		State	ZIP Code	_
¬ · · ·			A CARLON CONTRACTOR	
Name				On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Number	Street			_
W-11				-
City		State	ZIP Code	-
7	+ w			On which the in Dank 4 !!
Name				On which line in Part 1 did you enter the creditor?
Hallis				Last 4 digits of account number
Number	Street			-
70				-
City		State	ZIP Code	-

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Fill in th	nis information to identify your	case:					
Debtor 1	1 Elvia Lizett Herre	ra		28 (27 (28 (28 (28 (28 (28 (28 (28 (28 (28 (28			
Dabtas	First Name	Middle Name	Last Name	}			
Debtor 2 (Spouse if,		Middle Name	Last Name				
United S	States Bankruptcy Court for the:	NORTHERN DISTRICT OF					
			122111010				
Case nu (if known)	ımber	1444				a	
	THOSE MALES AND THE					Check if the amended f	
Officia	al Form 106E/F						9
	dule E/F: Creditors	Who House Hass	I O!				
Be as con any execu Schedule Schedule left. Attac	nplete and accurate as possible. Use tory contracts or unexpired leases G: Executory Contracts and Unexp D: Creditors Who Have Claims Sec h the Continuation Page to this page I case number (if known).	se Part 1 for creditors with PRIC that could result in a claim. Al ired Leases (Official Form 1060 cured by Property. If more spac- ge. If you have no information to	DRITY claims at so list executo 3). Do not inclu	nd Part 2 for creditors with NONPR ry contracts on Schedule A/B: Prop de any creditors with partially secur	perty (Off ured clair	ficial Form 10 ms that are li	06A/B) and on isted in
	o any creditors have priority unsec			ARI			
_	No. Go to Part 2.	wed Claims against you?					
	■ No. Go to Fait 2.] Yes.						
Part 2:	-Mare	Y Unsecured Claims					
3. De	o any creditors have nonpriority un	secured claims against you?					
	No. You have nothing to report in th	is part. Submit this form to the co	urt with your oth	er schedules.			
	Yes.						
Pa	nsecured claim, list the creditor separations than one creditor holds a particular age of Part 2.	are claim. For each claims for each claim ar claim, list the other creditors in	m listed, identify Part 3.lf you hav	re more than three nonpriority unsecu	aims alrei ired claim	ady included ins fill out the (Total cla	Continuation
	Bank of America Priority Creditor's Name	Last 4 digits of ac	count number	8255		\$	1,391.00
	P.O. Box 982236 El Paso, TX 79998	When was the det	ot incurred?	Opened 9/01/12 Last Active 6/18/14			
_	Number Street City State Zip Code	As of the date you	file, the claim	is: Check all that apply			
٧	Who incurred the debt? Check one.	☐ Contingent					
	Debtor 1 only	La Contingent					
	Debtor 2 only	☐ Unliquidated					
E	Debtor 1 and Debtor 2 only	☐ Disputed					
	At least one of the debtors and and		RITY unsecure	d claim:			
	Check if this claim is for a comm	nunity					
	lebt s the claim subject to offset?	Obligations arise	ing out of a sepa	ration agreement or divorce that you	did		
1	■ No			g plans, and other similar debts			
	☐Yes	Other. Specify	Credit				
4.2 F	Barclays Bank Delaware						
-	Priority Creditor's Name	Last 4 digits of acc	count number	8253		\$	5,182.22
P	Attn: Bankruptcy P.O. Box 8801 Vilmington, DE 19899	When was the deb	t incurred?	Opened 8/01/13 Last Active 6/17/14	s ^t es		
N	lumber Street City State Zlp Code	As of the date you	file the claim i	s: Check all that apply			

Debtor 1 Elvia Lizett Herrera	1.5	Citi	Last 4 digits of account	number	3916	\$	7,012.00
Debtor 1 EIVid Lizett Herrera		LJ Yes	Other. Specify	Credit	Card		
Debtor 1 EVMs Lizett Herrors			Debts to pension or pr	rofit-sharin	g plans, and other similar debts		
Debtor 1 Etvia Lizett Herera		·	not report as priority clain	ns	·		
Debtor Etvia Lizett Herrera	•	debt					
Debtor Elvia Lizett Herera Case number (it innow)			_	unsecure	f claim:		
Debtor 1 Elvia Lizett Herrera Case number (1 srow) Who incurred the debt? Check one. Debtor 1 and Debtor 2 only At least one of the detetros and another Check if this claim is 15 or a community debt is the claim subject to offset? Blatt, Hasenmillor, Leibsker and Moore, Priority Cedior's Name 10 South LaSalle Street Suite 2200 Chicago, It. 66603 Number Street City State Zip Code Who Incurred the debt? Check one. Debtor 2 only Debtor 1 and Debtor 2 only Check if this claim is for a community debt Student foans Student foans Student foans Student foans Check if this claim is for a community debt Type of NonPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Debtor 2 only Check if this claim is for a community debt Student foans Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Chase Card Services Priority Cocknors Name Afth: Sankruptcy Po Box 1528 When was the debt incurred? As of the date you file, the claim is: Check all that apply Notice Only Case No.: 2015 M1 127442 Chase Card Services When was the debt incurred? As of the date you file, the claim is: Chock all that apply When was the debt incurred? Opened 9/01/08 Last Active 8/04/14 As of the date you file, the claim is: Chock all that apply When was the debt incurred? As of the date you file, the claim is: Chock all that apply When was the debt incurred? Active 8/04/14 As of the date you file, the claim is: Chock all that apply		-	•				
Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 and Debtor 2 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 8 only Debtor 8 only Debtor 9 only		Debtor 2 only	☐ Unliquidated				
Debtor 1 only		_	□ Costingent				
Debtor 1 only	1	Who incurred the debt? Check one.			· · · · · · · · · - r r · · ·		
Debtor 1 Elvia Lizett Herrera		Wilmington, DE 19850 Number Street City State Zip Code					
Debtor 1 Elvia Lizett Herrera		Attn: Bankruptcy Po Box 15298	When was the debt inco	urred?		·	
Debtor 1 Etvia Lizett Herrera			Last 4 digits of account	t number	7570	\$	3,422.00
Debtor 1 Elvia Lizett Herrera		Yes	Other. Specify		-		
Debtor 1 Elvia Lizett Herrera		•	Debts to pension or p	orofit-sharir	ng plans, and other similar debts		
Debtor 1 Elvia Lizett Herrera		Is the claim subject to offset?	not report as priority clair	ms	·		
Debtor 1 Elvia Lizett Herrera			☐ Student loans				
Debtor 1 Elvia Lizett Herrera							
Debtor 1 Elvia Lizett Herrera Case number (if know) Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 onfy No Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts Yes Entire Case number (if know) Check if this claim is Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt loans Check if this claim is for a community and incommunity and incom		Debtor 1 and Debtor 2 only	☐ Disputed				
Debtor 1 Elvia Lizett Herrera			☐ Unliquidated				
Debtor 1 Elvia Lizett Herrera Case number (if know) Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts Yes Blatt, Hasenmiller, Leibsker and Moore, Priority Creditor's Name 10 South LaSalle Street Suite 2200 Chicago, IL 60603 Number Street City State ZIp Code Contingent Continge		_	☐ Contingent				
Debtor 1 Elvia Lizett Herrera Case number (if know) Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Disputed At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Debts 1 only Debts 2 only Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Debts 1 only Debts 2 only Debts 3 only Debts 4 only Debts 5 pension or profit-sharing plans, and other similar debts Debts 5 pension or profit-sharing plans, and other similar debts A.3 Blatt, Hasenmiller, Leibsker and Moore, Priority Creditor's Name 10 South LaSalle Street When was the debt incurred?		Number Street City State ZIp Code	As of the date you file,	the claim	is: Check all that apply		
Debtor 1 Elvia Lizett Herrera Case number (if know) Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 least 4 digits of account number Sound 1 know Debtor 4 know Debtor 4 know Debtor 5 only Debtor 5 only Debtor 6 know Debtor 6 know Debtor 6 know Debtor 7 know Debtor 9 kn		10 South LaSalle Street Suite 2200	When was the debt inc	urred?			
Debtor 1 Elvia Lizett Herrera Case number (if know) Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	1	Moore,	Last 4 digits of accoun	it number		\$	0.00
Debtor 1 Elvia Lizett Herrera Case number (if know) Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Case number (if know) Case number (if know) Case number (if know) Case number (if know)		Yes	Other. Specify	Credi	t Card		
Debtor 1 Elvia Lizett Herrera Case number (if know) Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Case number (if know) Case number (if know) Case number (if know)		■ No			ng plans, and other similar debts		
Debtor 1 Elvia Lizett Herrera Case number (if know) Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community □ Student loans Case number (if know) Case number (if know) Case number (if know)		Is the claim subject to offset?	Obligations arising o	ut of a sep ims	aration agreement or divorce that you did		
Debtor 1 Elvia Lizett Herrera Case number (if know) Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Case number (if know) Case number (if know) Case number (if know) Case number (if know) Debtor (if know)			Student loans				
Debtor 1 Elvia Lizett Herrera Case number (if know) Who incurred the debt? Check one.			Type of NONPRIORITY	unsecure	ed claim:		
Debtor 1 Elvia Lizett Herrera Case number (if know) Who incurred the debt? Check one.		☐ Debtor 1 and Debtor 2 only	☐ Disputed				
Debtor 1 Elvia Lizett Herrera Case number (if know) Who incurred the debt? Check one.		Debtor 2 only	☐ Unliquidated				
Debtor 1 Elvia Lizett Herrera Case number (if know)		Debtor 1 only	Contingent				
Dobtor 4 Pt 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			Continged:	-			
	Debtor	1 Elvia Lizett Herrera	Document	Page			

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Priority Creditor's Name

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Debtor 1 Elvia Lizett Herrera Case number (if know)

CitiCorp Credit Opened 5/01/13 Last

	CitiCorp Credit Services/Attn:Centralize Po Box 790040	When was the debt incurred	d?	Opened 5/01/13 Last Active 6/02/14		
	saint Louis, MO 63179 Number Street City State Zlp Code	As of the date you file, the o	claim is	: Check all that apply		
	Who incurred the debt? Check one.	☐ Contingent				
	Debtor 1 only					
	Debtor 2 only	☐ Unfiquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unse	ecured	claim:		
	☐ Check if this claim is for a community debt	☐ Student loans				
	is the claim subject to offset?	Obligations arising out of a not report as priority claims	a separ	ation agreement or divorce that you did		
	III No	Debts to pension or profit-	-sharing	plans, and other similar debts		
	☐ Yes	Other. Specify	redit	Card	·A	
4.6	Cmre Financial Services Inc	Loot 4 digito of account	l	8890		252.00
	Priority Creditor's Name	Last 4 digits of account nun	nper	8890	\$	352.00
	3075 E Imperial Hwy Ste 200 Brea, CA 92821	When was the debt incurred	d?	Opened 10/01/14		
	Number Street City State Zlp Code	As of the date you file, the c	claim is	: Check all that apply		
	Who incurred the debt? Check one.	☐ Contingent				
	Debtor 1 only	- Contangent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unse	ecured	claim:		
	☐ Check if this claim is for a community debt	☐ Student loans				
	Is the claim subject to offset?	Obligations arising out of a not report as priority claims	a separa	ation agreement or divorce that you did		
	■ No	Debts to pension or profit-s	sharing	plans, and other similar debts		
	Yes	Other. Specify	ollect	ion Attorney Macneal Hospital		
4.7	Comenity Bank	Last 4 digits of account num	nber		\$	794.54
	Priority Creditor's Name PO Box 182789	Milhou was the stelle in	20			and of the market or an area.
	Columbus, OH 43218 Number Street City State Zlp Code	When was the debt incurred As of the date you file, the cl		Check all that apply		
		_		onson an that apply		
	Who incurred the debt? Check one. Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unse	cured	claim:		
	☐ Check if this claim is for a community debt	☐ Student loans				
	Is the claim subject to offset?	Obligations arising out of a not report as priority claims	a separa	ation agreement or divorce that you did		
	■ No	Debts to pension or profit-s	sharing	plans, and other similar debts		
	Yes	Other, Specify	ordma	nns Charge Account	·	

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Inc. Priority Creditor's Name 475 Anton Boulevard

4.1

٥

Costa Mesa, CA 92626

Experian Information Solutions,

Number Street City State Zlp Code

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

0.00

On be		Document	Page 30 of 77	
Debte	or 1 Elvia Lizett Herrera		Case number (if know)	
	Who incurred the debt? Check one.	☐ Contingent		
	Debtor 1 only			
	Debtor 2 only	□ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY	unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	Obligations arising on not report as priority cla	out of a separation agreement or divorce that you did	
	■ No	Debts to pension or	profit-sharing plans, and other similar debts	
	Yes	Other. Specify	Notice Only	
4.1	First Sources Advantage, LLC Priority Creditor's Name 205 Bryant Woods South	Last 4 digits of accour	The state of the s	\$ 910.02
	Amherst, NY 14228 Number Street City State Zip Code	As of the date you file,	the claim is: Check all that apply	
	Who incurred the debt? Check one. ■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY	unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	Obligations arising of not report as priority clai	ut of a separation agreement or divorce that you did ms	
	No	Debts to pension or p	profit-sharing plans, and other similar debts	
	Yes	Other. Specify	Collection for Capital One Bank	
1.1	FMA Alliance Ltd	Last 4 digits of accoun	t number	\$ 1,391.57
	Priority Creditor's Name 12339 Cutten Road Houston, TX 77066	When was the debt inc	urred?	
	Number Street City State ZIp Code	As of the date you file,	the claim is: Check all that apply	
	Who incurred the debt? Check one. Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY	unsecured claim:	
	Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising ounot report as priority clair	at of a separation agreement or divorce that you did	
	■ No		rofit-sharing plans, and other similar debts	
	☐ Yes	Other, Specify	Collection for Bank of America	
.1	Gordmans			
	COMMINION CONTRACTOR C	Last 4 digits of account	number 8904	\$ 899.00

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Priority Creditor's Name

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Debtor	1 Elvia Lizett Herrera	Case number (if know)						
	Citicorp Cr Services/Attn:Centralized Ba Po Box 20507	When was the debt incurred?	Opened 8/01/11 Last Active 6/04/15					
	Kansas City, MO 64195 Number Street City State Zip Code	As of the date you file, the claim						
	Who incurred the debt? Check one.	☐ Contingent						
	■ Debtor 1 only □ Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Disputed Type of NONPRIORITY unsecure	d claim:					
	☐ Check if this claim is for a community	☐ Student loans	u classi,					
	debt Is the claim subject to offset?		aration agreement or divorce that you did					
	■ No	not report as priority claims Debts to pension or profit-shari	ng plans, and other similar debts					
	Yes	Other. Specify Charg	e Account					
	Loyola University Medical Center	Last 4 digits of account number		\$	1.00			
	Priority Creditor's Name 2160 South First Avenue Maywood, IL 60153	When was the debt incurred?						
	Number Street City State Zlp Code							
	Who incurred the debt? Check one. Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecure						
	☐ Check if this claim is for a community debt	☐ Student loans						
	ls the claim subject to offset?	Obligations arising out of a sep- not report as priority claims	aration agreement or divorce that you did					
	■ No	☐ Debts to pension or profit-shari	ng plans, and other similar debts					
	Yes	Other. Specify Medic	al					
J	MacNeal Health Network	Last 4 digits of account number		\$	376.66			
	Priority Creditor's Name 2384 Paysphere Circle Chicago, IL 60674	When was the debt incurred?						
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply					
	Who incurred the debt? Check one. Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d alaim.					
	☐ At least one of the debtors and another☐ Check if this claim is for a community	Student loans	u viuitti					
	debt Is the claim subject to offset?		aration agreement or divorce that you did					
	■ No	not report as priority claims Debts to pension or profit-shari	ng plans, and other similar debts					
	Yes	Other. Specify Medic						

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r 1 Elvia Lizett Herrera	Case number (if know)				
Macys	Last 4 digits of account number	1290	\$	30.0	
Priority Creditor's Name Macys Bankruptcy Department Po Box 8053 Mason, OH 45040	When was the debt incurred?	Opened 2/01/14 Last Active 7/11/14			
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply				
Who incurred the debt? Check one.	☐ Contingent				
Debtor 1 only	g.				
Debtor 2 only	☐ Unliquidated				
Debtor 1 and Debtor 2 only	☐ Disputed				
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
Check if this claim is for a community debt	☐ Student loans				
is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify ☐ Charge Account				
■ No					
☐ Yes					
Metropolitan Advanced Radiological Priority Creditor's Name	Last 4 digits of account number		\$	46.0	
Services Ltd 1362 Paysphere Circle Chicago, IL 60674	When was the debt incurred?				
Number Street City State Zlp Code	As of the date you file, the claim is	s: Check all that apply			
Who incurred the debt? Check one.	☐ Contingent				
Debtor 1 only	Contingent				
Debtor 2 only	☐ Unliquidated				
Debtor 1 and Debtor 2 only	☐ Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured				
Check if this claim is for a community debt					
Is the claim subject to offset?	Obligations arising out of a separate not report as priority claims	ration agreement or divorce that you did			
■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts				
☐ Yes	Other. Specify Medica	•			
Midland Credit Management, Inc.				440.44	
Priority Creditor's Name	Last 4 digits of account number		\$	410.46	
8875 Aero Drive Suite 200 San Diego, CA 92123	When was the debt incurred?				
Number Street City State ZIp Code	As of the date you file, the claim is	: Check all that apply			

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Debtor	1 Elvia Lizett Herrera			Case number (if know)		
	Who incurred the debt? Check one.	☐ Contingent				
	Debtor 1 only					
	Debtor 2 only	□ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	Check if this claim is for a community debt	☐ Student loans				
	Is the claim subject to offset?	Obligations arising ou not report as priority clain	it of a sepi	aration agreement or divorce that you did		
	■ No	Debts to pension or p	rofit-sharir	ng plans, and other similar debts		
	Yes	Other, Specify	Collec	ction for Walmart		
4.1	Midland Funding	Last 4 digits of account	number	9467	\$	410.00
	Priority Creditor's Name 2365 Northside Dri	When was the date in a	40	0		to the transference of the transfer of the tra
	San Diego, CA 92108	When was the debt incurred? Opened 3/01/15				
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.	☐ Contingent				
	Debtor 1 only					
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	Check if this claim is for a community debt	Student loans				
	Is the claim subject to offset?	Obligations arising out not report as priority claim	t of a sepa	ration agreement or divorce that you did		
	■ No	Debts to pension or pr	ofit-sharin	g plans, and other similar debts		
	Yes	Other. Specify	Factor Bank	ring Company Account Synchrony	<i>'</i>	
	MRS Associates of New Jersey	Last 4 digits of account	number		\$	3,422.82
	Priority Creditor's Name 1930 Olney Avenue	When was the debt incu	rred?		101001 00001 0001 1	
Cherry Hill, NJ 08003 Number Street City State Zlp Code		As of the date you file, ti		s: Check all that apply		
	Who incurred the debt? Check one.	Contingent				
	Debtor 1 only	·				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:				
	At least one of the debtors and another					
	☐ Check if this claim is for a community ☐ Student loans					
	is the claim subject to offset?	Obligations arising out not report as priority claim		ration agreement or divorce that you did		
	■ No			g plans, and other similar debts		
	Yes	Other. Specify		tion for Chase Bank USA, NA	on wat to	
4.2	Nationwide Credit. Inc.					420.20

Priority Creditor's Name

429.39

PO Box 26314

When was the debt incurred?

Lehigh Valley, PA 18002

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4.2
4 Stanislaus Credit Control
Priority Creditor's Name

Last 4 digits of account number

not report as priority claims

Other. Specify

41N1

Debts to pension or profit-sharing plans, and other similar debts

Medical

388.00

No Yes

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Official Form 106 E/F

■ No

☐ Yes

Type of NONPRIORITY unsecured claim:

Obligations arising out of a separation agreement or divorce that you did

Charge Account

Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

Other. Specify

not report as priority claims

☐ At least one of the debtors and another☐ Check if this claim is for a community

Is the claim subject to offset?

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vedi	or 1 Elvia Lizett Herrera		Case number (if know)		
4.2 7	Synchrony Bank/Walmart Priority Creditor's Name	Last 4 digits of account number	6341	\$	1.0
	Attn: Bankruptcy Po Box 103104 Roswell, GA 30076	When was the debt incurred?	Opened 6/25/12 Last Active 8/07/14		
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.	☐ Contingent			
	Debtor 1 only	- Conningent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure			
	☐ Check if this claim is for a community debt	☐ Student loans			
	Is the claim subject to offset?	Obligations arising out of a sepa			
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts			
	Yes	Other, Specify Charg	e Account		
.2 Targe	Target Credit Card (TC)) 4 d disib 6	6899		
J	Priority Creditor's Name C/O Financial & Retail Services Mailstop BT P.O. Box 9475	Last 4 digits of account number When was the debt incurred?	Opened 11/01/12 Last Active 1/01/14	\$	1.00
	Minneapolis, MN 55440 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply Contingent			
	Who incurred the debt? Check one.				
	Debtor 1 only	-			
	☐ Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and another Type of NONPRIORITY unsecured claim:				
	Check if this claim is for a community debt	r a community			
	Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts			
	No				
	Yes	Other. Specify Credit	Card	1170800	
2	Trans Union LLC	Last 4 digits of account number		Φ.	0.00
‡	Priority Creditor's Name 1561 E. Orangethorpe Avenue Fullerton, CA 92831	Last 4 digits of account number When was the debt incurred?		\$	V.UU
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			

As of the date you file, the claim is: Check all that apply

5.1.	Case 16-32079 Doc	1 Filed 10/07/16 Document	Entered 10/07/16 10:27:42 Desc Main Page 37 of 77
	Elvia Lizett Herrera		Case number (if know)
	Who incurred the debt? Check one.	☐ Contingent	
	Debtor 1 only	jirra	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY	unsecured claim;
	Check if this claim is for a community debt	☐ Student loans	
1	s the claim subject to offset?	Obligations arising ou not report as priority clair	ut of a separation agreement or divorce that you did ns
	No	Debts to pension or p	rofit-sharing plans, and other similar debts
1	☐ Yes	Other, Specify	Notice Only
Name A ARS Na PO Box	g to collect from you for a debt you owe to ore than one creditor for any of the debts I for any debts in Parts 1 or 2, do not fill ou address ational Services Inc t 469046	someone else, list the origina that you listed in Parts 1 or 2, it or submit this page.	a debt that you already listed in Parts 1 or 2. For example, if a collection agency all creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you list the additional creditors here. If you do not have additional persons to be art 1 or Part2 did you list the original creditor? The part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Escone	lido, CA 92046	Last 4 digits of accou	
N	44		
	daress Itional Services, Inc. st Grand Avenue	On which entry in Pa Line <u>4.11</u> of (Check on	The state of the s
	lido, CA 92046		Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of accou	int number
PO Box	itional Services, Inc. 463023	On which entry in Pa Line <u>4.11</u> of (<i>Check on</i>	rt 1 or Part2 did you list the original creditor? ie):
Escond	ido, CA 92046	Last 4 digits of accou	
		Last 4 digits of accou	int number
	ddress FAmerica orrespondence Unit	On which entry in Pa Line 4.12 of (Check on	rt 1 or Part2 did you list the original creditor? e):
Ро Вох	5170 Iley, CA 93062		Part 2: Creditors with Nonpriority Unsecured Claims
	•	Last 4 digits of accou	int number
PO Box	America	On which entry in Par Line <u>4.12</u> of (<i>Check on</i>	e): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
	3.011, 52 13000	Last 4 digits of accou	int number
Name A	ddraee	On which outs, in Da	A 4 - B - 40 - 11 - 11 - 11
Bank O	f America, N.A. *	Line 4.12 of (Check on	rt 1 or Part2 did you list the original creditor? e): Part 1: Creditors with Priority Unsecured Claims
NC1-02			Part 2: Creditors with Nonpriority Unsecured Claims
Cilarioti	te, NC 28255	Last 4 digits of accou	nt number
Name A Bank O	ddress FAmerica, N.A. *		t 1 or Part2 did you list the original creditor?
401 N. T NC1-021	ryon Street I-02-20	of (511661)	Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
∍narioti	te, NC 28255	Last 4 digits of accou	nt number
		v: uvcou	*** ***********

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Name Address

On which entry in Part 1 or Part2 did you list the original creditor?

Case 16-32079 Doc 1 Filed 10/07/16 Entered 10/07/16 10:27:42 Desc Main Document Page 39 of 77 Debtor 1 Elvia Lizett Herrera Case number (if know) Chase * Line 4.20 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims **ATTN: Bankruptcy Department** Part 2: Creditors with Nonpriority Unsecured Claims P.O. Box 15298 Wilmington, DE 19850 Last 4 digits of account number Name Address On which entry in Part 1 or Part2 did you list the original creditor? Chase * Line 4.20 of (Check one): Part 1: Creditors with Priority Unsecured Claims 3415 Vision Drive Part 2: Creditors with Nonpriority Unsecured Claims Mail Code OH4-7142 Columbus, OH 43219 Last 4 digits of account number Name Address On which entry in Part 1 or Part2 did you list the original creditor? Chase * Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ATTN: Bankruptcy Department Part 2: Creditors with Nonpriority Unsecured Claims P.O. Box 15298 Wilmington, DE 19850 Last 4 digits of account number Name Address On which entry in Part 1 or Part2 did you list the original creditor? Chase * Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 3415 Vision Drive Part 2: Creditors with Nonpriority Unsecured Claims Mail Code OH4-7142 Columbus, OH 43219 Last 4 digits of account number Name Address On which entry in Part 1 or Part2 did you list the original creditor? Citicorp Credit Services * Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ATTN: Internal Recovery; Part 2: Creditors with Nonpriority Unsecured Claims Centralized Bk P.O. Box 790034 Saint Louis, MO 63179-0034 Last 4 digits of account number Name Address On which entry in Part 1 or Part2 did you list the original creditor? **CMRE Financial Services, Inc** Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 3075 E. Imperial Highway, Suite 200 Part 2: Creditors with Nonpriority Unsecured Claims Brea, CA 92821 Last 4 digits of account number Name Address On which entry in Part 1 or Part2 did you list the original creditor? Comenity Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Po Box 182273 Part 2: Creditors with Nonpriority Unsecured Claims Columbus, OH 43218 Last 4 digits of account number Name Address On which entry in Part 1 or Part2 did you list the original creditor? **Comenity Bank** Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 220 W. Schrock Road Part 2: Creditors with Nonpriority Unsecured Claims Westerville, OH 43081 Last 4 digits of account number Name Address On which entry in Part 1 or Part2 did you list the original creditor? **Commonwealth Financial Systems** Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 245 Main Street Part 2: Creditors with Nonpriority Unsecured Claims Dickson City, PA 18519 Last 4 digits of account number Name Address On which entry in Part 1 or Part2 did you list the original creditor? First Source Advantage Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 628 ■ Part 2: Creditors with Nonpriority Unsecured Claims Buffalo, NY 14240 Last 4 digits of account number

Case 16-32079 Filed 10/07/16 Entered 10/07/16 10:27:42 Page 40 of 77 Document Debtor 1 Elvia Lizett Herrera Case number (if know) Name Address On which entry in Part 1 or Part2 did you list the original creditor? FMA Alliance, Ltd. Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 2409 Part 2: Creditors with Nonpriority Unsecured Claims Houston, TX 77252 Last 4 digits of account number Name Address On which entry in Part 1 or Part2 did you list the original creditor? Gordmans Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 182118 Part 2: Creditors with Nonpriority Unsecured Claims Columbus, OH 43218 Last 4 digits of account number Name Address On which entry in Part 1 or Part2 did you list the original creditor? Gordmans Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims c/o Comenity Part 2: Creditors with Nonpriority Unsecured Claims. PO BOx 659705 San Antonio, TX 78265 Last 4 digits of account number Name Address On which entry in Part 1 or Part2 did you list the original creditor? JPMorgan Chase* Line 4.20 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 270 Park Avenue Part 2: Creditors with Nonpriority Unsecured Claims New York, NY 10017 Last 4 digits of account number Name Address On which entry in Part 1 or Part2 did you list the original creditor? **Loyola University Medical Center** Line 4.14 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 4866 Part 2: Creditors with Nonpriority Unsecured Claims Oak Brook, IL 60522 Last 4 digits of account number Name Address On which entry in Part 1 or Part2 did you list the original creditor? **Loyola University Medical Center** Line 4.14 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims **Patient Financial Services** ■ Part 2: Creditors with Nonpriority Unsecured Claims 2160 South First Avenue Maywood, IL 60153 Last 4 digits of account number Name Address On which entry in Part 1 or Part2 did you list the original creditor? MacNeal Health Network Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 2384 Paysphere Circle Part 2: Creditors with Nonpriority Unsecured Claims Chicago, IL 60674 Last 4 digits of account number Name Address On which entry in Part 1 or Part2 did you list the original creditor? **Macneal Hospital** Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 3249 S Oak Park Avenue Part 2: Creditors with Nonpriority Unsecured Claims Berwyn, IL 60402 Last 4 digits of account number Name Address On which entry in Part 1 or Part2 did you list the original creditor? Macneal Hospital Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 3249 S Oak Park Avenue Part 2: Creditors with Nonpriority Unsecured Claims Berwyn, IL 60402 Last 4 digits of account number Name Address On which entry in Part 1 or Part2 did you list the original creditor? MacNeal Physicians Group LLC Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 2315 Enterprise Drive, Suite 110 Part 2: Creditors with Nonpriority Unsecured Claims Southwest Entrance Westchester, IL 60154 Last 4 digits of account number Name Address On which entry in Part 1 or Part2 did you list the original creditor? MacNeal Physicians Group LLC Line 4.15 of (Check one):

Doc 1

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

☐ Part 1: Creditors with Priority Unsecured Claims

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Name Address Stanislaus Credit Control Service, 914 14th Street

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.24 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Last 4 digits of account number

Modesto, CA 95354

Chicago, IL 60680

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Debtor 1 Elvia Lizett Herrera		Case number (if know)
Name Address Synchrony Bank PO Box 530916 Atlanta, GA 30353	On which entry in Part 1 of Line 4.21 of (Check one):	or Part2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account n	umber
Name Address Synchrony Bank c/o Recovery Management Systems Corp 25 SE 2nd Avenue, Suite 1120 Miami, FL 33131	Line <u>4.21</u> of (<i>Check one</i>):	or Part2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account no	umber
Name Address Synchrony Bank PO Box 530916 Atlanta, GA 30353	On which entry in Part 1 on Line 4.26 of (Check one):	or Part2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account no	umber
Name Address Synchrony Bank PO Box 530916 Atlanta, GA 30353	On which entry in Part 1 o Line <u>4.27</u> of (Check one):	Part2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account no	umber
Name Address Synchrony Bank c/o Recovery Management Systems	On which entry in Part 1 o Line 4.27 of (Check one):	r Part2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims
Corp 25 SE 2nd Avenue, Suite 1120 Miami, FL 33131		■ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account nu	umber
Name Address Target 1000 Nicollet Mall	On which entry in Part 1 o Line 4.28 of (Check one):	r Part2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims
Minneapolis, MN 55403	Last 4 digits of account nu	•
Name Address Target Credit Card (TC) P.O. Box 9475 Minneapolis, MN 55440	On which entry in Part 1 or	r Part2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims
minuspens, mit sorre	Last 4 digits of account nu	ımber
Name Address Target Red Card PO Box 660170 Dallas, TX 75266	On which entry in Part 1 or Line <u>4.28</u> of (Check one):	r Part2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account nu	ımber
Name Address Walmart Asset Protection Recovery PO Box 101928, Dept 4295 Birmingham, AL 35210	On which entry in Part 1 or Line 4.18 of (Check one):	r Part2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account nu	mber
Name Address Walmart Asset Protection Recovery PO Box 101928, Dept 4295 Birmingham, AL 35210	On which entry in Part 1 or Line 4.27 of (Check one):	Part2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims

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Debtor 1 Elvia Lizett Herrera	Document P	age 45 of 77
Elvia Lizett Herrera	Last 4 digits of account	Case number (if know) number
Name Address Walmart Stores Inc 702 SW 8th Street 6487 Bentonville, AR 72716	On which entry in Part 1 Line <u>4.27</u> of (Check one):	or Part2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
	last / digits of account	number

Last 4 digits of account number

Part 45 Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total	6а.	Domestic support obligations	6a.	Total claim \$	0.00
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total. Add lines 6a through 6d.	6e.	\$	0.00
Total	6f.	Student loans	6f.	Total Claim \$	0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that		•	0.00
	6h.	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	6g. 6h.	\$	0.00
	6i.			\$	0.00
	ØI.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	28,546.66
	6j.	Total. Add lines 6f through 6i.	6j.	\$	28,546.66

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Fi	ill in this i	nformation t	o identify yo	ur case:			
D	ebtor		tt Herrera				
D	ebtor 2	First Name		Middle Name	Last Name		
1	pouse If filing			Middle Name	Last Name		
Ur	nited States	Bankruptcy Co	ourt for the: No	rthern District o	f Illinois		
	ase number f known)						Check if this is an amended filing
Of	fficial l	Form 10)6G				
S	ched	ule G:	Execu	itory Co	ontracts an	d Unexpired Leases	12/15
Be a	as comple ormation. litional pa Do you l	ete and accu if more spac ges, write you have any exe Check this bo	rate as poss e is needed, our name and ecutory conti x and file this	ible. If two ma copy the addi d case number racts or unexp form with the c	rried people are filing tional page, fill it out, r (if known). ired leases? ourt with your other sch	together, both are equally responsible for supnumber the entries, and attach it to this page. edules. You have nothing else to report on this for are listed on Schedule A/B: Property (Official Formats)	On the top of any
2.	List sepa	rately each , rent, vehic	person or co	mpany with w	hom you have the cor	ntract or lease. Then state what each contract from in the instruction booklet for more examples of	
	Person o	or company	with whom y	ou have the co	ontract or lease	State what the contract or lease is	for
2.1							
	Name					name.	
	Number	Street					
	City		Stat	e ZIP Code			
2.2	e e e e e e e e e e e e e e e e e e e		* * * * * * * * * * * * * * * * * * * *		Andrew Commission Commission	the state of the s	
	Name						
	Number	Street	·			_	
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2.3	City		State	e ZIP Code	e en		
	Name						
	Number	Street	· · · · · · · · · · · · · · · · · · ·				
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2.4	City		State	E ZIP Code	Andrew States		
	Name						
	Number	Street				-	
		Officer					
2.5	City		State	ZIP Code			
ب. <u> </u>	Name					_	
	Number	Street				_	
	City		State	7ID Codo		Maria	

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Debtor 1

Elvia Lizett Herrera

L VIQ	LIZCU	. nei	reia
First Ma	PA C.	1 4: 4 4:	n Alama

Last Name

Case number (if known)____

). /.	A	dditional Pa	ige if You H	lave More (ontracts or Leases	3
		r company w	ith whom you	ı have the co	ntract or lease	What the contract or lease is for
2 <u>2</u>	Name				w	
	Number	Street				
	City		State	ZIP Code		_
2						and the second s
	Name					
	Number	Street			, , , , , , , , , , , , , , , , , , ,	_
	City		State	ZIP Code		_
2					en tillet i degle tre en	
	Name					
	Number	Street		· · · · · · · · · · · · · · · · · · ·	***************************************	
	City		State	ZIP Code		
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	Name					_
	Number	Street				_
	City		State	ZIP Code		_
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2_	Name					
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	Number	Street				
	City		State	ZIP Code		-
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	Name					_
	Number	Street			THE PERSON NAMED OF THE PE	-
	City		State	ZIP Code		-
2		******	*****			
	Name					-
	Number	Street				
	City		State	ZIP Code		

Entered 10/07/16 10:27:42 Desc Main Case 16-32079 Doc 1 Filed 10/07/16 Document Page 46 of 77 Fill in this information to identify your case: Elvia Lizett Herrera Debtor 1 Dehtor 2 (Spouse, if filing) First Name Middle Name United States Bankruptcy Court for the: Northern District of Illinois Case number (If known) Check if this is an amended filing Official Form 106H Schedule H: Your Codebtors 12/15 Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question. 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.) ☐ No Yes 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) No. Go to line 3. Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? Yes. In which community state or territory did you live? _____. Fill in the name and current address of that person. Name of your spouse, former spouse, or legal equivalent Number Street City State ZIP Code 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor Column 2: The creditor to whom you owe the debt Check all schedules that apply: 3.1 Antelmo Quintero, JR Schedule D, line 2.3 4223 S. Rockwell Schedule E/F, line ____ Number Schedule G, line Chicago IL 60632 State ZIP Code 3.2 Antelmo Quintero, JR Schedule D, line 2.2 4223 S. Rockwell ☐ Schedule E/F, line _____ Number Schedule G, line Chicago 60632 ZIP Code 3.3 Schedule D, line Name Schedule E/F, line Number ☐ Schedule G, line _____

City

ZIP Code

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Document

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Debtor 1

Elvia Lizett Herrera First Name Middle Name

Last Name

Case number (if known)_

	Column 1;	Your codebtor			Column 2: The creditor to whom you owe the debt
B]		A 15 + 15 A14			Check all schedules that apply:
	Name				☐ Schedule D, line
					☐ Schedule E/F, line
	Number	Street		**************************************	☐ Schedule G, line
\neg	City		State	ZIP Code	
	Name				☐ Schedule D, line
	ivanie				☐ Schedule E/F, line
	Number	Street			☐ Schedule G, line
7	City		State	ZIP Code	
					☐ Schedule D, line
	Name				Schedule E/F, line
	Number	Street			☐ Schedule G, tine
7	City		State	ZIP Code	
_	Name				☐ Schedule D, line
					☐ Schedule E/F, line
	Number	Street			☐ Schedule G, line
	City		State	ZiP Code	was a second of the second of
٢	Name				☐ Schedule D, line
	· · · · · · · · · · · · · · · · · · ·				Schedule E/F, line
	Number	Street			Schedule G, line
7	City		State	ZIP Code	
	Name				Schedule D, line
					Schedule E/F, line
	Number	Street			☐ Schedule G, line
7	City		State	ZiP Code	
.]	Name				Schedule D, line
					☐ Schedule E/F, line
	Number	Street		TOTAL	☐ Schedule G, line
_ 	City		State	ZIP Code	
	Name				☐ Schedule D, line
	weekinger				☐ Schedule E/F, line
	Number	Street			☐ Schedule G, line
	City		State	ZIP Code	

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Fill in this information to identify	your case:							
Etrio Lizatt Llavo	10.00		f grange					
Debtor 1 Elvia Lizett Herre	Middle Name	Last Name						
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name						
United States Bankruptcy Court for the:		Last Name						
	Northern District of Inmois							
Case number (If known)					eck if this			
					An amend	•		
				-		ment showing positions of the following		n chapter 13
Official Form 106I					MM / DD /			
Schedule I: You	ır İncome							12/15
Be as complete and accurate as posupplying correct information. If you figure separated and your spot separate sheet to this form. On the Part 1: Describe Employm	ou are married and not fill use is not filing with you, top of any additional pag	ing jointly, and you	our sp	ouse is living	g with you,	include informa	tion abou	it your spouse.
Fill in your employment information.		Debtor 1				Debtor 2 or non	-filing sp	ouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	Employed Not employ	ved	en e	ok Skord beldi ve di indici indici indici indici ve a a succi pro y te	Employed Not employe	Proport Abbacket Developed at Science	н бүй (Потура Ханай байдан дай бай бай бай бай бай бай бай бай бай б
Include part-time, seasonal, or self-employed work.	•				t.			
Occupation may include student or homemaker, if it applies.	Occupation	Unemployed			<u> </u>	nbound Custor	ner Cor	sultant
	Employer's name		***************************************		<u>V</u>	VEC Business	Service	es .
	Employer's address	Number Street				00 E. Randolp lumber Street	h Stree	t
		City	State	e ZIP Code		Chicago	IL State	60601 ZIP Code
	How long employed ther	e? 9 months				9 months		
Part 2: Give Details About	Monthly Income							
Estimate monthly income as of spouse unless you are separated. If you or your non-filing spouse habelow. If you need more space, at	the date you file this form	r. combine the info						r non-filing
a source opace, at	a separate siteet to IIII	o IUIIII.						
				For Debto	•	For Debtor 2 or non-filing spouse	ı	
List monthly gross wages, sala deductions). If not paid monthly, and the salar monthly in the salar monthly in the salar monthly in the salar monthly in the salar monthly gross wages, salar monthly gross w	ry, and commissions (bef calculate what the monthly	fore all payroll wage would be.	2.	\$ 0	.00	\$ 3,439.77	viors	
3. Estimate and list monthly over	ime pay.		3.	~ <u></u>	.00 +	0.00		
4. Calculate gross income. Add lin	e 2 + line 3.		4.	\$ 0	.00	\$_3,439.77		

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Debtor	1 EIVIA LIZETT HEFFERA First Name Middle Name Last Name		Case	e number (if kno	wn)			
			For C	Debtor 1		ebtor 2 or iling spouse		
Co	py line 4 here	> 4.	\$	0.00	\$	3,439.77		
5. Lis	t all payroli deductions:							
	a. Tax, Medicare, and Social Security deductions	5a.	¢		¢	471.08		
	Mandatory contributions for retirement plans	5b.			\$ \$	0.00		
	: Voluntary contributions for retirement plans	5c.			\$ \$	171.99		
	Required repayments of retirement fund loans	5d.			\$	0.00		
	. Insurance	5e.	-		\$	424.17		
5f	Domestic support obligations	5f.	_		\$	0.00		
50	. Union dues	5g.	\$		\$	0.00		
5H	Other deductions. Specify:		+\$		+ \$	0.00		
	dd the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$		\$			
7. C a	alculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	2,372.53		
8. Lis	t all other income regularly received:							
	Net income from rental property and from operating a business, profession, or farm							
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	0.~	\$	0.00	\$	0.00		
8t	. Interest and dividends	8a. 8b.	\$	0.00	\$	0.00		
	. Family support payments that you, a non-filing spouse, or a dependen		Φ		Φ	0.00		
	regularly receive							
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00		
8d	. Unemployment compensation	8d.	\$	0.00	\$	0.00		
8€	Social Security	8e.	\$	0.00	\$	0.00		
8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	ce 8f.	\$	0.00	\$	0.00		
8g	Pension or retirement income	8g.	¢	0.00	Φ.	0.00		
	Other monthly income. Specify:		Ψ		.			
		8h.	+\$	0.00	+\$	0.00		
9. A d	d all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	0.00	\$	0.00		
0. Cal e Add	culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	0.00	\$	2,372.53	\$	2,372.53
Incl	te all other regular contributions to the expenses that you list in Schedude contributions from an unmarried partner, members of your household, you or relatives.			s, your room	mates, ar	nd other		
Do	not include any amounts already included in lines 2-10 or amounts that are n	ot av	/ailable to	pay expense	es listed i	n Schedule J.		
	cify:				nyster.	11. +	\$	0.00
2. Ad d	t the amount in the last column of line 10 to the amount in line 11. The r	esult	is the cor	mbined mont	hly incom		F	
Wri	te that amount on the Summary of Your Assets and Liabilities and Certain St	atisti	cal Inform	<i>ation</i> , if it ap	plies	12.	\$	2,372.53 bined
13. Do √21	you expect an increase or decrease within the year after you file this fo	orm?						thly income

Yes. Explain:

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Fill in this information to identi	fy your case:			
Debtor 1 Elvia Lizett Herro	era			
First Name Debtor 2	Middle Name Last Name	Check if thi		
(Spouse, if filing) First Name	Middle Name Last Name	An ame	_	
United States Bankruptcy Court for th	e: Northern District of Illinois		ement showing post es as of the following	
Case number (If known)		MM / DD		5 · ····
Official Form 106J				
Schedule J: Yo	our Expenses			40145
Be as complete and accurate as	possible. If two married people are filed dead, attach another sheet to this form on.	ing together, both are equally re n. On the top of any additional p	esponsible for supply ages, write your nam	ring correct ne and case number
1. Is this a joint case?				
☑ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a	a separate household?			
☐ No	file Official Form 106J-2, Expenses for S	Separate Household of Debtor 2.		
2. Do you have dependents?	□ No			//////////////////////////////////////
Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not state the dependents' names.		Daughter	8	□ No ☑ Yes
				☐ No
				☐ Yes
		***************************************	******	U No □ Yes
				□ No
				Yes
				☐ No
				☐ Yes
Do your expenses include expenses of people other than yourself and your dependents?	No No Yes			
Part 2: Estimate Your Ong	oing Monthly Expenses			· ·
Estimate your expenses as of you	ur bankruptcy filing date unless you a ankruptcy is filed. If this is a suppleme	re using this form as a supplemental Schedule J, check the box	ent in a Chapter 13 c at the top of the form	ase to report n and fill in the
Include expenses paid for with no	on-cash government assistance if you	know the value of		
	ed it on Schedule I: Your Income (Office		Your expe	nses
any rent for the ground or lot.	expenses for your residence. Include	first mortgage payments and	4. \$	<u>750.00</u>
If not included in line 4:				
4a. Real estate taxes			4a. \$	0.00
4b. Property, homeowner's, or			4b. \$	0.00
4c. Home maintenance, repair			4c. \$	0.00
4d. Homeowner's association of	or condominium dues		4d. \$	0.00

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Debtor 1

Elvia Lizett Herrera

First Name Middle Name Last Name

Case number (# known)

S. Additional mortgage payments for your residence, such as home equity loans S. S. O, OO				Your	expenses
	5.	Additional mortgage payments for your residence, such as home equity loans	5	\$	0,00
6a Electricity, heat, natural gas 6a \$ 300.00 6b Valer, sewer, garbage collection 6b Valer, sewer, garbage collection 6c Calephone, Internat, satellite, and capie services 6c 8 330.00 6c Telephone, cell phone, Internat, satellite, and capie services 6c 8 330.00 6c Telephone, cell phone, Internat, satellite, and capie services 6c 8 330.00 6c Telephone, cell phone, Internat, satellite, and capie services 6c 8 330.00 6c Telephone, cell phone, Internat, satellite, and capie services 7c 8 675.00 7c Food and housekeeping supplies 7c 8 7c 7c 7c 7c 7c 7c			J.		
6. Water, sewer, garbage collection 6. 5 0.00	•		2	¢.	300.00
6. Telephone, cell phone, internet, satellite, and cable services 6. 330,00 6. Other Specify Debt Repayment Non-Filing Spouse 6.4 \$ 776.67 7. Food and housekeeping supplies 7. \$ 675,00 8. Childcare and childran's education costs 8. \$ 100,00 9. Clothing, laundry, and dry cleaning 9. \$ 100,00 9. Personal care products and services 10. \$ 60,00 9. Personal care products and services 10. \$ 60,00 9. Personal care products and services 10. \$ 60,00 9. Personal care products and services 10. \$ 60,00 9. Personal care products and services 10. \$ 60,00 9. Personal care products and services 10. \$ 60,00 9. Personal care products and services 10. \$ 60,00 9. Personal care products and services 10. \$ 60,00 9. Personal care products and services 10. \$ 60,00 9. Personal care products and services 10. \$ 60,00 9. Personal care products and services 10. \$ 60,00 9. Personal care products and services 10. \$ 60,00 9. Personal care products and services 10. \$ 60,00 9. Entertainment, clubs, recreation, newspapers, magazines, and books 10. \$ 100,00 9. Entertainment, clubs, recreation, newspapers, magazines, and books 10. \$ 100,00 9. Entertainment, clubs, recreation, newspapers, magazines, and books 10. \$ 100,00 9. Entertainment, clubs, recreation, newspapers, magazines, and books 10. \$ 0,00 9. Entertainment, clubs, recreation, newspapers, magazines, and books 10. \$ 0,00 9. Entertainment, clubs, recreation, newspapers, magazines, and books 10. \$ 0,00 9. Entertainment, clubs, recreation, newspapers, magazines, and books 10. \$ 0,00 9. Entertainment, clubs, recreation, newspapers, magazines, and books 10. \$ 0,00 9. Entertainment, clubs, recreation, newspapers, magazines, and books 10. \$ 0,00 9. Entertainment, clubs, recreation, newspapers, magazines, and books 10. \$ 0,00 9. Entertainment, clubs, recreation, newspa		•		\$	
6d. Other. Specify: Debt Repayment- Non-Filling Spouse 6d. \$ 776.67 7. Food and housekeeping supplies 7. \$ G75.00 8. Childcare and children's education costs a. \$ 100.00 9. Clothing, laundry, and dry cleaning 9. \$ 100.00 10. Personal care products and services 10. \$ 60.00 11. Medical and dental expenses 11. \$ 100.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include care payments. 12. \$ 40.00 13. Entertailment, clubs, recreation, newspapers, magazines, and books 13. \$ 15.00 14. Charitable contributions and religious donations 14. \$ 2.0.00 15. Instrainment, clubs, recreation, newspapers, magazines, and books 13. \$ 15.00 15. Instrainment, clubs, recreation, newspapers, magazines, and books 13. \$ 15.00 15. Instrainment, clubs, recreation, newspapers, magazines, and books 13. \$ 15.00 15. Instrainment, clubs, recreation, newspapers, magazines, and books 13. \$ 15.00 15. Instrainment, clubs, recreation, newspapers, magazines, and books 13. \$ 15.00 15. Instrainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.00 15. Charitable contributions and religious donations 15. \$ 0.00 15. Legition, contributions and religious dona				\$	
7. Food and housekeeping supplies 7. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				\$	
8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. Clothing, laundry, and charter 9. Chartable contributions and religious donations 9. Clothing, laundry, la	7.			\$	
1 1 1 1 1 1 1 1 1 1				Φ	
10. Personal care products and services 10. \$	9.			ф	
11. Medical and dental expenses 11. \$ 100.00 00 00 00 00 00 00	10.			Ъ	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 400.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 150.00 14. Charitable contributions and religious donations 14. \$ 20.00 15. Insurance.	11.			\$	
12 \$ 400.00	12.		11,	\$	
1.4. Charitable contributions and religious donations 14. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		Do not include car payments.	12.	\$	400.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 16c. Specify: 17d. Other insurance insurance. Specify: 17d. Car payments for Vehicle 1 17d. Car payments for Vehicle 1 17d. Car payments for Vehicle 2 17d. Other. Specify: Finance and Pet Insurance- Non-Filling Spouse 17d. Other. Specify: Students loans -Debtor and Non-Filling Spouse 17d. Other. Specify: Students loans -Debtor and Non-Filling Spouse 17d. Other. Specify: Students loans -Debtor and Spouse 17d. Other specify: Students loans -Debtor and Spouse 17d. Specify: 18	13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	15000
Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance	14.	Charitable contributions and religious donations	14.	\$	20,00
15a. Life insurance 15a. § 0.00 15b. Health insurance 15b. 8 0.00 15c. Vehicle insurance 15c. \$ 77.00 15d. Other insurance. Specify: 15d. \$ 0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15d. \$ 0.00 Specify: 16. \$ 0.00 17c. Car payments 17a. \$ 0.00 17b. Car payments for Vehicle 1 17a. \$ 0.00 17c. Other. Specify: Finance and Pet Insurance- Non-Filing Spouse 17c. \$ 188.00 17c. Other. Specify: Students loans -Debtor and Non-Filing Spouse 17d. \$ 286.00 18. Your payments of allmony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. \$ 0.00 19. Other payments you make to support others who do not live with you. Specify: 19. \$ 0.00 20a. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses	15.				-
15b. Health insurance 15c. Vehicle insurance. Specify: 15c. Other insurance. Specify: 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17c. Car payments for Vehicle 1 17d. Car payments for Vehicle 2 17d. Car payments for Vehicle 2 17d. Other. Specify: Finance and Pet Insurance- Non-Filling Spouse 17d. Other. Specify: Students loans -Debtor and Non-Filling Spouse 17d. Other. Specify: Students loans -Debtor and Non-Filling Spouse 17d. Vour payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106i). 18. Your payments you make to support others who do not live with you. Specify: 19. Other payments you make to support others who do not live with you. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes 20b. \$ 0.000 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses					
15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 16d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16d. S 16d.			15a.	\$	
15d. Other insurance. Specify:			15b.	\$	0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:			15c.	\$	77.00
Specify:		15d. Other insurance. Specify:	15d.	\$	0.00
17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: Finance and Pet Insurance- Non-Filling Spouse 17c. Other. Specify: Students loans - Debtor and Non-Filling Spouse 17d. Other. Specify: Students loans - Debtor and Non-Filling Spouse 17d. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 1061). 18. S 286.00 19. Other payments you make to support others who do not live with you. Specify: 19 \$ 0,00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. S 0.00 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses	16.				
17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: Finance and Pet Insurance- Non-Filing Spouse 17c. Other. Specify: Students loans -Debtor and Non-Filing Spouse 17d. Other. Specify: Students loans -Debtor and Non-Filing Spouse 17d. Vour payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. Vour payments you make to support others who do not live with you. Specify:		Specify:	16.	\$	0.00
17b. Car payments for Vehicle 2 17c. Other. Specify: Finance and Pet Insurance- Non-Filing Spouse 17c. Other. Specify: Students loans -Debtor and Non-Filing Spouse 17d. Other. Specify: Students loans -Debtor and Non-Filing Spouse 17d. Specify: Students loans -Debtor and Non-Filing Spouse 17d. Specify: \$ 286.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. Specify: 19. Specif	17.	Installment or lease payments:			
17c. Other. Specify: Finance and Pet Insurance- Non-Filing Spouse 17d. Other. Specify: Students loans - Debtor and Non-Filing Spouse 17d. Other. Specify: Students loans - Debtor and Non-Filing Spouse 17d. \$ 286.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. \$ 0.00 19. Other payments you make to support others who do not live with you. Specify: 20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses		17a. Car payments for Vehicle 1	17a.	\$	0.00
17d. Other. Specify: Students loans -Debtor and Non-Filing Spouse 17d. \$ 286.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. \$ 0.00 19. Other payments you make to support others who do not live with you. Specify: 19. \$ 0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses		17b. Car payments for Vehicle 2	17b.	\$	0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify:		17c. Other. Specify: Finance and Pet Insurance- Non-Filing Spouse	17c.	\$	188.00
9. Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses		17d. Other Specify: Students loans -Debtor and Non-Filing Spouse	17d.	\$	286.00
9. Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses	18.	Your payments of alimony, maintenance, and support that you did not report as deducted from			
Specify:		your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Value of this form or on Schedule I: Your Income. 20a. \$ 0.00 20b. \$ 0.00 20c. \$ 0.00 20c. \$ 0.00 20c. \$ 0.00 20c. \$ 0.00	19.	Other payments you make to support others who do not live with you.			,
20a. Mortgages on other property 20a. \$		Specify:	19.	\$	0,00
20a. Mortgages on other property 20a. \$	20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	ıe.		
20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00				\$	0.00
20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$		20b. Real estate taxes	20b.	\$	0.00
20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00		20c. Property, homeowner's, or renter's insurance			2.22
		20d. Maintenance, repair, and upkeep expenses		_	0.00
		20e. Homeowner's association or condominium dues		_	

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Debtor '	Elvia Lizett Herrera First Name Middle Name Last Name	Case number (if known)		
21. Otl	ner. Specify: Emergency/Unanticipated Expenses	21.	+\$	150,00
22. Ca i	culate your monthly expenses.			
228	a. Add lines 4 through 21.	22a.	\$	4, 46 2.67
22t	c. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	\$	0.00
220	Add line 22a and 22b. The result is your monthly expenses.	22c.	\$	4, 46 2.67
23. Calc	ulate your monthly net income.			
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	2,372.53
23b.	Copy your monthly expenses from line 22c above.	23 b.	-\$	4,462.67
23c.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	-2,090.14

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☑ No.

Yes. Explain here:

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<u> </u>	
ill in this information to identify your case:	
Debtor 1 Elvia Lizett Herrera	
First Name Middle Name Last Name Debtor 2	
Spouse, if filing) First Name Middle Name Last Name	
nited States Bankruptcy Court for the: Northern District of Illinois	
ase number	
	Check if this is a amended filing
	amonded hang
Official Form 106Dec	
Declaration About an Individual Debtor's Schedules	12/15
If two married people are filing together, both are equally responsible for supplying correct information.	
You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, co	
Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? □ No □ Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, D	eclaration, and
Signature (Official Form 119).	
Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.	
Signature of Debtor 2	
Signature of Debtor 1 Signature of Debtor 2	
Date 10/07/2016 Date	

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Debtor 1 Elvia Lizett Herrera			
Debtor 1 Elvia Lizeπ Herrera			
First Name Middle Name	Last Name		
Debtor 2 (Spouse, if filling) First Name Middle Name	Last Name	, , , , , , , , , , , , , , , , , , ,	
United States Bankruptcy Court for the: Northern District o	f Illinois		
Case number(If known)	· · · · · · · · · · · · · · · · · · ·		☐ Check if this is an
			amended filing
Official Form 107			
tatement of Financial Affai	rs for Indiv	iduals Filing for Ban	kruptcy 04/1
as complete and accurate as possible. If two mar	ried people are filing	together both are equally responsit	le for cumplying persect
connation. Il more space is needed, attach a separ	ate sheet to this for	n. On the top of any additional pages	ne for supplying correct , write your name and case
ımber (if known). Answer every question.			•
Part 1: Give Details About Your Marital Sta	ting and Mhan V		
Cive Details About 10th marital Sta	itus and where Yo	ou Lived Before	
What is your current marital status?			
☑ Married			
☐ Not married			
Yes. List all of the places you lived in the last 3 Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
		Same as Debtor 1	☐ Same as Debtor 1
3542 S. Francisco	From 11/01/2014	.	
Number Street	To 05/01/2015	No. and an Other Co.	From
Chicago IL 60632			
Chicago IL 60632 City State ZIP Code	-	City State ZI	
		City State ZI Same as Debtor 1	P Code
	From	,	P Code Same as Debtor 1
	From	,	P Code Same as Debtor 1 From
City State ZIP Code		Same as Debtor 1	P Code Same as Debtor 1
City State ZIP Code Number Street		Same as Debtor 1	P Code Same as Debtor 1 From
City State ZIP Code		Same as Debtor 1	P Code Same as Debtor 1 From
City State ZIP Code Number Street City State ZIP Code Within the last 8 years, did you ever live with a su	To	Number Street City State	P Code Same as Debtor 1 From To ZIP Code
Number Street City State ZIP Code City State ZIP Code Within the last 8 years, did you ever live with a states and territories include Arizona, California, Ida	To	Number Street City State	P Code Same as Debtor 1 From To ZIP Code
Number Street City State ZIP Code City State ZIP Code Within the last 8 years, did you ever live with a si states and territories include Arizona, California, Ida No	To Douse or legal equiva	Number Street City State State A, New Mexico, Puerto Rico, Texas, Wa	P Code Same as Debtor 1 From To ZIP Code
Number Street City State ZIP Code Within the last 8 years, did you ever live with a states and territories include Arizona, California, Ida	To Douse or legal equiva	Number Street City State State A, New Mexico, Puerto Rico, Texas, Wa	P Code Same as Debtor 1 From To ZIP Code
Number Street City State ZIP Code City State ZIP Code Within the last 8 years, did you ever live with a si states and territories include Arizona, California, Ida No	To Douse or legal equiva	Number Street City State State A, New Mexico, Puerto Rico, Texas, Wa	P Code Same as Debtor 1 From To ZIP Code

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Elvia Lizett Herrera

Debtor 1

Jebi		l Name	Case nu	mber (if known)	
	Las	x complete			
4.	Did you have any income from employme Fill in the total amount of income you receive If you are filing a joint case and you have inc	ed from all jobs and all busi	nesses, including part-tir	me activities.	endar years?
	Yes. Fill in the details.				
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	From January 1 of current year until the date you filed for bankruptcy:	Wages, commissions, bonuses, tips	\$4,810.32	Wages, commissions, bonuses, tips	\$
	For fact calendary years	Operating a businessWages, commissions.		☐ Operating a business ☐ Wages, commissions,	
	For last calendar year: (January 1 to December 31,2015 YYYY	bonuses, tips Operating a business	\$40,623.46	bonuses, tips Operating a business	\$
	For the calendar year before that:	Wages, commissions, bonuses, tips	40.700.00	Wages, commissions, bonuses, tips	
	(January 1 to December 31,2014	Operating a business	\$42,762.60	Operating a business	\$
	gambling and lottery winnings. If you are filing List each source and the gross income from a No Yes. Fill in the details.				under Debtor 1.
		Debtor 1		Debtor 2	
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
	From January 1 of current year until the date you filed for bankruptcy:	Unemployment Compensation	\$8,893.00		\$
	and said you may lot warm uptoy.	Compensation	\$		\$ \$
	For last calendar year:		\$		
	(January 1 to December 31,2015				
	1111				\$
	For the calendar year before that:		<u> </u>		\$
	(January 1 to December 31,2014)		<u> </u>		\$
		9	\$		¢

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Document Page 56 of 77 Elvia Lizett Herrera Debtor 1 Case number (if known) First Name Middle Name Part 3: List Certain Payments You Made Before You Filed for Bankruptcy 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of Total amount paid Amount you still owe Was this payment for... payment ■ Mortgage Creditor's Name Car Car Number Street Credit card Loan repayment Suppliers or vendors Other City State ZIP Code \$ ■ Mortgage Creditor's Name Car Credit card Number Street Loan repayment Suppliers or vendors Other City State ZIP Code ■ Mortgage Creditor's Name Car

Number

City

Street

ZIP Code

Credit card

Other____

☐ Loan repayment
☐ Suppliers or vendors

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otor 1	Elvia Lizett Herrera First Name Middle Name Last Name		-	Case number (# known)	
corpo agent such		; relatives of any rson in control, o	general partners; _l r owner of 20% or	partnerships of which more of their voting	th you are a general partner; securities: and any managing
□ Y	es. List all payments to an insider.	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
	Insider's Name	49 de Hernheimen mannen annahanna.	\$	\$	
	Number Street				
;	City State ZIP Code	441.04.14.14.17.17.17.17.17.17.17.17.17.17.17.17.17.			
	Insider's Name		\$	\$	
i	Number Street	**************************************			
,	City State ZIP Code				
an ins Includ	n 1 year before you filed for bankruptcy, did sider? de payments on debts guaranteed or cosigned b o es. List all payments that benefited an insider.		ayments or trans Total amount paid	fer any property o Amount you still owe	
Ī	Insider's Name		\$	\$	
7	Number Street	- Adapting the second s			
ā	City State ZIP Code				
Ī			\$	\$	
	nsider's Name				
Ā	Number Street				

City

State

ZIP Code

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	•					
t 4:	Identify Legal Actions, Repos	sessions, and Forec	losures			
ist all	n 1 year before you filed for bankrupt I such matters, including personal injury ontract disputes.	cy, were you a party ir / cases, small claims ac	n any lawsuit tions, divorce	, court action, on suite section suite	or administrative proceed s, paternity actions, suppor	ing? t or custody modifica
No Ye	os. Fill in the details.					
		Nature of the case		Court or agenc	у	Status of the cas
		Civil		C+-1. C++ +1	0' "0 '	
С	ase title Barclays Bank Delaware			Cook Count	y Circuit Court	Pending
٧	v. Herrera Elvia			50 W Wash	nington, Room 702	On appeal
	The state of the s			Number Street	migion, Noom 702	Concluded
С	ase number			Chicago	IL 60602	
				City	State ZIP Code	
C.	ase title			C-12		— Pending
				Court Name		On appeal
_						
				Number Street		Concluded
C	ase number			Number Street		Concluded
ithin	ase number 1 year before you filed for bankrupt	cy, was any of your pr	operty repos	City	State ZIP Code	
thin eck		cy, was any of your pr w. Describe the		City		, seized, or levied?
thin eck No	al year before you filed for bankrupt all that apply and fill in the details belo . Go to line 11.	w.		City	sed, garnished, attached	, seized, or levied?
thin eck No	a 1 year before you filed for bankrupt all that apply and fill in the details below. Go to line 11. S. Fill in the information below. Creditor's Name	W. Describe the	property	City	sed, garnished, attached	, seized, or levied?
thin eck No	a 1 year before you filed for bankrupt all that apply and fill in the details belo . Go to line 11. s. Fill in the information below.	Describe the	property	City sessed, foreclo	sed, garnished, attached	, seized, or levied?
thin eck No	a 1 year before you filed for bankrupt all that apply and fill in the details below. Go to line 11. S. Fill in the information below. Creditor's Name	Describe the Explain what	property happened y was reposs	City sessed, foreclo	sed, garnished, attached	, seized, or levied?
thin eck No	a 1 year before you filed for bankrupt all that apply and fill in the details below. Go to line 11. S. Fill in the information below. Creditor's Name	Describe the Explain what	property happened was reposs was foreclo	City sessed, foreclo	sed, garnished, attached	, seized, or levied?
thin eck No	a 1 year before you filed for bankrupt all that apply and fill in the details below. Go to line 11. S. Fill in the information below. Creditor's Name	Explain what Propert Propert Propert	property happened y was reposs y was foreclo	City sessed, foreclo	osed, garnished, attached	, seized, or levied?
ithin neck No	all that apply and fill in the details below. Go to line 11. Fill in the information below. Creditor's Name Number Street	Explain what Propert Propert Propert	property happened y was reposs y was forecto y was garnish y was attache	City sessed, foreclo essed. sed. ned.	osed, garnished, attached	, seized, or levied? Value of the propert
ithin neck No	all that apply and fill in the details below. Go to line 11. Fill in the information below. Creditor's Name Number Street	Explain what Propert Propert Propert	property happened y was reposs y was forecto y was garnish y was attache	City sessed, foreclo essed. sed. ned.	psed, garnished, attached Date	, seized, or levied?

Number Street

City

Property was repossessed.Property was foreclosed.Property was garnished.

Property was attached, seized, or levied.

Explain what happened

ZIP Code

State

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Elvia Lizett Herrera

Debtor 1

thin 90 days before you filed for bankru counts or refuse to make a payment be No Yes. Fill in the details.	uptcy, did any creditor, including a bank or financial inst cause you owed a debt?	titution, set off any a	amounts from your
	Describe the action the creditor took	Date action was taken	Amount
Creditor's Name	-	was taken	
Number Street	_		\$ 0.
	= Total server and management of the server and the s		
City State ZIP Code	Last 4 digits of account number: XXXX		
NIA Z Vears before voll filed for hankriin	Yey did you give any gifts with a total value of more the	#600	•
No Yes. Fill in the details for each gift.	otcy, did you give any gifts with a total value of more tha	nn \$600 per person?	,
No	otcy, did you give any gifts with a total value of more that Describe the gifts	nn \$600 per person? Dates you gave the gifts	
No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600		Dates you gave	
No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person		Dates you gave	
No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person		Dates you gave	
No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person		Dates you gave	
No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift		Dates you gave	
No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street		Dates you gave	
No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you	Describe the gifts	Dates you gave	
No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street		Dates you gave	Value \$\$
No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600	Describe the gifts	Dates you gave the gifts	Value \$\$
No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value \$\$
No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value \$\$
No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value \$\$

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Elvia Lizett Herrera

Debtor 1

thin 2 years before you filed for bank	ruptcy, did you give any gifts or contributions with a total valu	e of more than \$6	00 to any charity?
No		vi mvie ulaii 40	vo to any chanty?
Yes. Fill in the details for each gift or o	contribution.		
Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name			\$
		**************************************	\$
Number Street			
City State ZIP Code	mentan.		
			-
List Certain Losses			
Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your	Value of property
Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
	Include the amount that insurance has paid. List pending insurance		
how the loss occurred	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.		lost
how the loss occurred List Certain Payments or Tr	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. ansfers	loss	s
: List Certain Payments or Train 1 year before you filed for bankrupto consulted about seeking bankrupto	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. ansfers uptcy, did you or anyone else acting on your behalf pay or transport or preparing a bankruptcy petition?	loss	s
List Certain Payments or Train 1 year before you filed for bankrupto consulted about seeking bankrupto ude any attorneys, bankruptcy petition	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. ansfers uptcy, did you or anyone else acting on your behalf pay or trans	loss	s
List Certain Payments or Train 1 year before you filed for bankrupto consulted about seeking bankrupto ude any attorneys, bankruptcy petition	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. ansfers uptcy, did you or anyone else acting on your behalf pay or transport or preparing a bankruptcy petition?	loss	s
List Certain Payments or Train 1 year before you filed for bankrupto consulted about seeking bankrupto ude any attorneys, bankruptcy petition	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. ansfers uptcy, did you or anyone else acting on your behalf pay or transy or preparing a bankruptcy petition? preparers, or credit counseling agencies for services required in your	loss	s
List Certain Payments or Train 1 year before you filed for bankrupto consulted about seeking bankrupto ude any attorneys, bankruptcy petition	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. ansfers uptcy, did you or anyone else acting on your behalf pay or transport or preparing a bankruptcy petition?	loss	\$to anyone
List Certain Payments or Train 1 year before you filed for bankrupto consulted about seeking bankrupto ude any attorneys, bankruptcy petition No Yes. Fill in the details.	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. ansfers uptcy, did you or anyone else acting on your behalf pay or transy or preparing a bankruptcy petition? preparers, or credit counseling agencies for services required in your	esfer any property our bankruptcy. Date payment or transfer was	s
List Certain Payments or Trahin 1 year before you filed for bankrupto ude any attorneys, bankruptcy petition No Yes. Fill in the details. Person Who Was Paid	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. ansfers uptcy, did you or anyone else acting on your behalf pay or transy or preparing a bankruptcy petition? preparers, or credit counseling agencies for services required in your	esfer any property our bankruptcy. Date payment or transfer was	\$to anyone

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	t Name Case number (# known)				
	Description and value of any proper	tv transferred	Data nauma-4		
		ty dansierieu	Date payment or transfer was made	Amount of payment	
Person Who Was Paid				•	
Number Street	MANAGE.			\$	
				\$	
					
City State ZIP Code					
Email or website address					
Person Who Made the Payment, if Not You	_				
omised to help you deal with your cre o not include any payment or transfer tha No I Yes. Fill in the details.	it you listed on line 16.	reunors ?			
	Description and value of any proper	y transferred	Date payment or transfer was made	Amount of pay	
Person Who Was Paid	· ·		made		
Number Street	******			\$	
Number Street				\$ \$	
City State ZIP Code				\$	
	ur business or financial affairs? s made as security (such as the granting			\$	
City State ZIP Code thin 2 years before you filed for bankr insferred in the ordinary course of you clude both outright transfers and transfer on tinclude gifts and transfers that you l No Yes. Fill in the details.	ur business or financial affairs? s made as security (such as the granting		ortgage on your pro	\$	
City State ZIP Code thin 2 years before you filed for bankr insferred in the ordinary course of you clude both outright transfers and transfer in not include gifts and transfers that you I No Yes. Fill in the details. National Towing Service Person Who Received Transfer	ur business or financial affairs? s made as security (such as the granting nave already listed on this statement. Description and value of property transferred 2002 Pontiac Bonneville	g of a security interest or mo	ortgage on your pro	\$	
City State ZIP Code thin 2 years before you filed for bankr insferred in the ordinary course of you clude both outright transfers and transfer in not include gifts and transfers that you I No Yes. Fill in the details. National Towing Service	ur business or financial affairs? s made as security (such as the granting nave already listed on this statement. Description and value of property transferred	g of a security interest or mo Describe any property o or debts paid in exchang	ortgage on your pro	\$sn property perty). Date transfe was made	
thin 2 years before you filed for bankrunsferred in the ordinary course of you clude both outright transfers and transfer not include gifts and transfers that you lead to be not include gifts and transfers that you lead to be not include gifts and transfers that you lead to be not include gifts and transfers that you lead to be not include gifts and transfers that you lead to be not include gifts and transfers that you lead to be not include gifts and transfers that you lead to be not include gifts and transfers that you lead to be not include gifts and transfers that you lead to be not include gifts and transfers that you lead to be not include gifts and transfers and transfers that you lead to be not include gifts and transfers and transfers and transfers and transfers and transfers that you lead to be not include gifts and transfers th	probusiness or financial affairs? Is made as security (such as the granting nave already listed on this statement. Description and value of property transferred 2002 Pontiac Bonneville SSEi 100,000 Mileage	g of a security interest or mo Describe any property o or debts paid in exchang	ortgage on your pro	\$sn property perty). Date transfe was made	
City State ZIP Code thin 2 years before you filed for bankr insferred in the ordinary course of you clude both outright transfers and transfers in ot include gifts and transfers that you I No Yes. Fill in the details. National Towing Service Person Who Received Transfer 1628 S. Clinton Number Street Chicago IL	probusiness or financial affairs? Is made as security (such as the granting nave already listed on this statement. Description and value of property transferred 2002 Pontiac Bonneville SSEi 100,000 Mileage Vehicle not in working condition	g of a security interest or mo Describe any property o or debts paid in exchang	ortgage on your pro	\$sn property perty). Date transfe was made	
thin 2 years before you filed for bankrunsferred in the ordinary course of you clude both outright transfers and transfers on the include gifts and transfers that you lead to be not include gifts and transfers that you lead to	probusiness or financial affairs? Is made as security (such as the granting nave already listed on this statement. Description and value of property transferred 2002 Pontiac Bonneville SSEi 100,000 Mileage Vehicle not in working condition	g of a security interest or mo Describe any property o or debts paid in exchang	ortgage on your pro	\$sn property perty). Date transfe was made	
thin 2 years before you filed for bankrunsferred in the ordinary course of you blude both outright transfers and transfers on the include gifts and transfers that you have been been been been been been been be	probusiness or financial affairs? Is made as security (such as the granting nave already listed on this statement. Description and value of property transferred 2002 Pontiac Bonneville SSEi 100,000 Mileage Vehicle not in working condition	g of a security interest or mo Describe any property o or debts paid in exchang	ortgage on your pro	\$	

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Elvia Lizett Herrera

Debtor 1

/ithin 10 years before you filed for rea beneficiary? (These are often No Yes. Fill in the details.	r bankruptcy, did you transfer any proper called asset-protection devices.)	ty to a self-settled tru	st or similar device of w	vhich you
Ž No	, остой дозет-рготестой цечсеs.)			
	Description and value of the prope	•		Date transfer
	e e e e e e e e e e e e e e e e e e e			was made
Name of trust				
	THE PROPERTY OF THE PROPERTY O			
ad Phalade 18 ⁸ 45 ann ann ann an 1965. An tagh air an ina dan dan dan an ann an 1965. An tagh air an ann an 1965, air an an an 1965, air an an ann an 1965, air an			***************************************	
	ccounts, instruments, Safe Deposit	Boxes, and Storag	e Units	- de tractico franchis de la professión per la proper de a proper de la proper de l
losed, sold, moved, or transferred	eankruptcy, were any financial accounts o	r instruments held in	your name, or for your	benefit,
	ur market, or other financial accounts; certi	ficates of denocity ch	aros in hanks, aradit um	iama
rokerage houses, pension funds,	cooperatives, associations, and other fir	ncates of deposit; sha rancial institutions.	ares in banks, credit un	ions,
Í No				
Yes. Fill in the details.				
	Last 4 digits of account number	Type of account or	Date account was	Last balance befo
		instrument	closed, sold, moved, or transferred	closing or transfe
		instrument	closed, sold, moved, or transferred	closing or transfe
Name of Financial Institution		Checking		closing or transfe
Name of Financial Institution	XXXX			closing or transfe
	XXXX	☐ Checking		closing or transfe
	XXXX	☐ Checking ☐ Savings		closing or transfe
Number Street	XXXX	Checking Savings Money market Brokerage		closing or transfe
Number Street		☐ Checking ☐ Savings ☐ Money market		closing or transfe
Number Street City State ZIP		Checking Savings Money market Brokerage		\$
Number Street	Code	Checking Savings Money market Brokerage Other		\$\$
Number Street City State ZIP	Code	Checking Savings Money market Brokerage Other Checking Savings		\$\$
Number Street City State ZIP Name of Financial Institution	Code	Checking Savings Money market Brokerage Other Checking Savings Money market		\$\$
Number Street City State ZIP Name of Financial Institution	Code	Checking Savings Money market Brokerage Other Checking Savings		\$\$

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btor 1	Elvia Lizett Herrera		Case number (if known)	
	First Name Middle Name L	ast Name	Case Humber (# known)	
Have y	you stored property in a storage uni	it or place other than your home w	ithin 1 year before you filed for bankruptcy?	
Z No				
Ye	es. Fill in the details.			
		Who else has or had access to it?	Describe the contents	Do you stil
				have it?
				□ No
i	Name of Storage Facility	Name		
				☐ Yes
Ī	Number Street	Number Street	F 900 4000 Wildle	
•		CityState ZIP Code		
		<u>-</u>		
,	City State ZIP Code			
art 9:	Identify Property You Hold	or Control for Someone Else		
. Do yo	ou hold or control any property that	someone else owns? Include any	property you borrowed from, are storing for,	
or ho	ld in trust for someone.		property you serve were morn, are storing for,	
₩ N	0			
□ Y	es. Fill in the details.			
		Where is the property?	Describe the property	Value
			2000/Ma inc property	value
-		_		
,	Owner's Name			\$
-	Number Street	Number Street		
•	Author Street			
-				
7	City State ZIP Code	City State Z	P Code	
	State Zir Code			
art 10:	Give Details About Environ	mental information		
or the n	surpose of Part 10, the following det	N-141		
	ourpose of Part 10, the following def			
hazar	onmental law means any federal, st dous or toxic substances, wastes, o ding statutes or regulations controll	or material into the air, land, soil, s	oncerning pollution, contamination, releases urface water, groundwater, or other medium,	of
Site n	neans any location, facility, or prope	erty as defined under any environn	nental law, whether you now own, operate, or	
	e it or used to own, operate, or utiliz			
Hazar	dous material means anything an e	nvironmental law defines as a haz	ardous waste, hazardous substance, toxic	
subst	ance, hazardous material, pollutant	, contaminant, or similar term.		
port al	ll notices, releases, and proceeding	s that you know about, regardless	of when they occurred	
Has a	ny governmental unit notified you th	nat you may be liable or potentially	liable under or in violation of an environment	al law?
Ø No	_			
₩. Ye	es. Fill in the details.			
		Governmental unit	Environmental law, if you know it	Date of notice
			• •	
Na	me of site	Governmental unit		
Nu	mber Street	Number Street		
		City State ZIP Code		
Cit	V State 719 Code			

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First Name Middle Name Las			
	st Name	Case number (if known)	
lave you notified any governmental unit o	of any release of hazardous mater	ial?	
☑ No	,		
Yes. Fill in the details.			
ies. Fin in the details.	0		
	Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
	_		
Number Street	Number Street	•	
	City State ZIP Code	-	
City State ZIP Code	_		
orac Lir code			
ave you been a party in any judicial or ac	iministrative proceeding under an	ny environmental law? Include settlements and	lordere
1 No	•	y	orders.
Yes. Fill in the details.			
- 103. Fin in the details.			D4-4
	Court or agency	Nature of the case	Status of the case
Case title			
	Court Name		Pending
			On appea
	Number Street		Conclude
Case number	City State ZIP Co.	de	
Within 4 years before you filed for bankru	ptcy, did you own a business or h	ave any of the following connections to any bu	usiness?
A member of a limited liability com	nany (I 1 C) or limited liability part	nerchin (I I D)	
☐ A partner in a partnership	party (acc) or initied hability part	neisinp (LLF)	
An officer, director, or managing ex	xecutive of a cornoration		
An owner of at least 5% of the votin			
		ation	
No. None of the above applies. Go to P			
Yes. Check all that apply above and fill	l in the details below for each bus	iness.	
	Describe the nature of the busines	Employer Identification number	er
Business Name		Do not include Social Security	number or ITIN.
		P*** \$ 4.	
Number Street		EIN:	
	Name of accountant or bookkeepe	r Dates business existed	
	· · · · · · · · · · · · · · · · · · ·		
		From To	
City State ZIP Code	•		
	Describe the nature of the busines	Employer Identification number	er
Business Name		Do not include Social Security	
		•	
		· EIN:	
Number Street	•		
Number Street	Name of accountant or bookkeepe		
Number Street	Name of accountant or bookkeepe		
Number Street	Name of accountant or bookkeepe		

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	vfiddle Name Las	st Name	Case number (if known)
		Describe the nature of the busine	Employer Identification number
	_	Describe the nature of the pushle	Do not include Social Conseils number of ITIN
Business Name		-	:
			EIN:
Number Street		 Name of accountant or bookkeeps 	er Dates business existed
City	State ZIP Code	-	From To
•			•
thin 2 years hefore	you filed for hankru	entou did vou give a financial atak	ement to anyone about your business? Include all financial
stitutions, creditors,		picy, did you give a imancial state	ement to anyone about your business? Include all financial
	, , , , , , , , , , , , , , , , , , ,		
No			
Yes. Fill in the deta	ills below.		
		Date issued	
Name		MM / DD / YYYY	
Number Street		-	
***************************************		-	
		_	
City	State ZIP Code		
01 D-1			
12: Sign Below			
	ars on this Stateme	nt of Financial Affairs and any atte	achments, and I declare under penalty of perjury that the
save read the answ	sis on this statemen	ni di Financiai Anairs and any ana	ichments, and i declare under behalty of periliry that the
nswers are true and	correct. I understa:	nd that making a false statement.	concealing property, or obtaining money or property by frau
nswers are true and connection with a	bankruptcy case ca	nd that making a false statement.	concealing property, or obtaining money or property by frau rimprisonment for up to 20 years, or both.
nswers are true and	bankruptcy case ca	nd that making a false statement.	concealing property, or obtaining money or property by frau
nswers are true and connection with a	bankruptcy case ca	nd that making a false statement.	concealing property, or obtaining money or property by frau
nswers are true and connection with a	bankruptcy case ca	nd that making a false statement.	concealing property, or obtaining money or property by frau
nswers are true and a connection with a last U.S.C. §§ 152, 134	bankruptcy case ca 1, 1519, and 3571.	nd that making a false statement, in result in fines up to \$250,000, or	concealing property, or obtaining money or property by frau r imprisonment for up to 20 years, or both.
nswers are true and connection with a	bankruptcy case ca 1, 1519, and 3571.	nd that making a false statement.	concealing property, or obtaining money or property by frau r imprisonment for up to 20 years, or both.
swers are true and connection with a law u.s.c. §§ 152, 134	bankruptcy case ca 1, 1519, and 3571.	nd that making a false statement, in result in fines up to \$250,000, or signature of Deb	concealing property, or obtaining money or property by frau r imprisonment for up to 20 years, or both.
swers are true and connection with a B U.S.C. §§ 152, 134 Signature of Debtor Date 10/06/2016	bankruptcy case ca 1, 1519, and 3571.	nd that making a false statement, in result in fines up to \$250,000, or Signature of Deb	concealing property, or obtaining money or property by frau r imprisonment for up to 20 years, or both. tor 2
swers are true and connection with a B U.S.C. §§ 152, 134 Signature of Debtor Date 10/06/2016	bankruptcy case ca 1, 1519, and 3571.	nd that making a false statement, in result in fines up to \$250,000, or Signature of Deb	concealing property, or obtaining money or property by frau r imprisonment for up to 20 years, or both.
swers are true and a connection with a B U.S.C. §§ 152, 134 Signature of Debtor Date 10/06/2016 id you attach addition	bankruptcy case ca 1, 1519, and 3571.	nd that making a false statement, in result in fines up to \$250,000, or Signature of Deb	concealing property, or obtaining money or property by frau r imprisonment for up to 20 years, or both. tor 2
swers are true and a connection with a la U.S.C. §§ 152, 134 Signature of Debtor Date 10/06/2016 id you attach addition	bankruptcy case ca 1, 1519, and 3571.	nd that making a false statement, in result in fines up to \$250,000, or Signature of Deb	concealing property, or obtaining money or property by frau r imprisonment for up to 20 years, or both. tor 2
swers are true and a connection with a la U.S.C. §§ 152, 134 Signature of Debtor Date 10/06/2016 id you attach addition	bankruptcy case ca 1, 1519, and 3571.	nd that making a false statement, in result in fines up to \$250,000, or Signature of Deb	concealing property, or obtaining money or property by frau r imprisonment for up to 20 years, or both. tor 2
swers are true and a connection with a B U.S.C. §§ 152, 134 Signature of Debtor Date 10/06/2016 id you attach additionally yes	bankruptcy case ca 1, 1519, and 3571.	and that making a false statement, in result in fines up to \$250,000, or signature of Deb Date Statement of Financial Affairs for the statement of the statem	concealing property, or obtaining money or property by frau r imprisonment for up to 20 years, or both. tor 2 Individuals Filing for Bankruptcy (Official Form 107)?
Signature of Debtor Date 10/06/2016 No Yes A you pay or agree	bankruptcy case ca 1, 1519, and 3571.	nd that making a false statement, in result in fines up to \$250,000, or Signature of Deb	concealing property, or obtaining money or property by frau r imprisonment for up to 20 years, or both. tor 2 Individuals Filing for Bankruptcy (Official Form 107)?
swers are true and a connection with a B U.S.C. §§ 152, 134 Signature of Debtor Date 10/06/2016 id you attach additionally yes	to pay someone wh	and that making a false statement, in result in fines up to \$250,000, or signature of Deb Date Statement of Financial Affairs for the statement of the statem	concealing property, or obtaining money or property by frau r imprisonment for up to 20 years, or both. tor 2 Individuals Filing for Bankruptcy (Official Form 107)?

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Fill in this inf	ormation to ide	ntify your case:	
	Elvia Lizett H	errera	
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States B	Bankruptcy Court fo	r the: Northern District of I	linois
	, , , , , , , , , , , , , , , , , , ,		
Case number (If known)			***************************************
(is known)			

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.			
Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?	
Creditor's name: The Inn At Glacier Canyon	Surrender the property.	☑ No	
Description of	Retain the property and redeem it.	☐ Yes	
property securing debt:	Retain the property and enter into a Reaffirmation Agreement.		
	Retain the property and [explain]:		
Creditor's name: Wyndham Vacation	☑ Surrender the property.	₩ No	
	Retain the property and redeem it.	☐ Yes	
Description of Timeshare 195,000 Points per Year property 50% Partial Interest with Non-Filing securing debt: Spouse	Retain the property and enter into a Reaffirmation Agreement.		
Spouse	Retain the property and [explain]:		
Creditor's name: Wyndham Vacation	☑ Surrender the property.	₩ No	
•	Retain the property and redeem it.	Yes	
Description of Wyndham Myrtle Beach Resort property Timeshare 105,000 Points Per Year securing debt: 50% Partial Interest with Non-Filing	Retain the property and enter into a Reaffirmation Agreement.		
Spouse	Retain the property and [explain]:		
Creditor's name: Wyndham Vacation Resorts	✓ Surrender the property.	₩ No	
•	Retain the property and redeem it.	☐ Yes	
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.		
	Retain the property and [explain]:		

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Dobtor	4	

Elvia Lizett Herrera		Construction and	
First Name Middle Name	ast Name	Case number (If known)	

Part 2: List Your Unexpired Personal Part 2:	Property
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For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal propert	ty leases	Will the lease be assumed?
Lessor's name:		□ No
Description of leased property:		√ Yes
Lessor's name:		□ No
Description of leased property:		☐ Yes
Lessor's name:		□ No
Description of leased property:		☐ Yes
Lessor's name:	amente, contratamente a apropriada de mandra des protos que por proposições demonstratoris protos de la desta de contrata de contrata de la desta de la dela della del della d	□ No
Description of leased property:		☐ Yes
Lessor's name:		□ No
Description of leased property:		Yes
Lessor's name:	A Profession to a subject of the first and defined within a planet are the control to the definition and appears to the control to the control to the definition and the control to the co	□ No
Description of leased property:		☐ Yes
Lessor's name:		
Description of leased property:		Yes
rt 3: Sign Below		
Inder penalty of perjury, I declare that I ha personal property that is subject to an une	ave indicated my intention about any property of m	y estate that secures a debt and any
Clas Aho	X	
Signature of Debtor 1	Signature of Debtor 2	
_{Date} 10/06/2016	ų.	
MM / DD / YYYY	Date	

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

In Re:)	
Elvia Lizett Herrera)	
Debtor (s)) Case No.) Chapter 7)	•

List of Creditors

Bank of America ATTN: Correspondence Unit PO Box 5170 Simi Valley, CA 93062	Barclays Bank PLC PO Box 8803 Wilmington, DE 19899
Bank of America ATTN: Correspondence Unit PO Box 5170 Simi Valley, CA 93062	Barclays Bank PLC PO Box 8803 Wilmington, DE 19899
Bank of America ATTN: Correspondence Unit PO Box 5170 Simi Valley, CA 93062	Barclays Bank PLC PO Box 8803 Wilmington, DE 19899
Bank of America ATTN: Correspondence Unit PO Box 5170 Simi Valley, CA 93062	Barclays Bank PLC PO Box 8803 Wilmington, DE 19899
Bank of America ATTN: Correspondence Unit PO Box 5170 Simi Valley, CA 93062	Barclays Bank PLC PO Box 8803 Wilmington, DE 19899

Ally P.O. Box 380901 Minneapolis, MN 55438

Ally Financial Attn: Bankruptcy Po Box 130424 Roseville, MN 55113

Ally Financial 200 Renaissance Center Detroit, MI 48243

Ally Financial PO Box 9001951 Louisville, KY 40290-1951

Ally Financial PO Box 8123 Cockeysville, MD 21030

ARS National Services Inc PO Box 469046 Escondido, CA 92046

ARS National Services, Inc. 201 West Grand Avenue Escondido, CA 92046

ARS National Services, Inc. PO Box 463023 Escondido, CA 92046

Bank of America P.O. Box 982236 El Paso, TX 79998

Bank of America Attn: Correspondence Unit Po Box 5170 Simi Valley, CA 93062

Bank of America PO Box 15290 Wilmington, DE 19850 Bank Of America, N.A. * 401 N. Tryon Street NC1-021-02-20 Charlotte, NC 28255

Barclay Bank P.O Box 13337 Philadelphia, PA 19101

Barclays Bank Delaware Attn: Bankruptcy P.O. Box 8801 Wilmington, DE 19899

BarClays Bank PLC PO Box 8803 Wilmington, DE 19899

Blatt Hasenmiller F L 125 S. Wacker Drive #400 Chicago, IL 60606

Blatt, Hasenmiller, Leibsker and Moore, 10 South LaSalle Street Suite 2200 Chicago, IL 60603

Capital One, N.A. * c/o American Infosource P.O Box 54529 Oklahoma City, OK 73154

Capital One, N.A. *
Po Box 30285
Salt Lake City, UT 84130

Capital One, N.A.* 1680 Capital One Drive Mc Lean, VA 22102

CEP America 2100 Powell Street, Suite 920 Emeryville, CA 94608 Chase *
ATTN: Bankruptcy Department
P.O. Box 15298
Wilmington, DE 19850

Chase *
3415 Vision Drive
Mail Code OH4-7142
Columbus, OH 43219

Chase Card Services Attn: Bankruptcy Po Box 15298 Wilmington, DE 19850

Citi CitiCorp Credit Services/Attn:Centralize Po Box 790040 saint Louis, MO 63179

Citicorp Credit Services *
ATTN: Internal Recovery; Centralized Bk
P.O. Box 790034
Saint Louis, MO 63179-0034

Cmre Financial Services Inc 3075 E Imperial Hwy Ste 200 Brea, CA 92821

CMRE Financial Services, Inc 3075 E. Imperial Highway, Suite 200 Brea, CA 92821

Comenity Po Box 182273 Columbus, OH 43218

Comenity Bank PO Box 182789 Columbus, OH 43218

Comenity Bank 220 W. Schrock Road Westerville, OH 43081 Comenity Bank/Value City Furniture Po Box 182125 Columbus, OH 43218

Commonwealth Financial Systems 245 Main Street Dickson City, PA 18519

Equifax Information Services, LLC 1550 Peachtree Street NW Atlanta, GA 30309

Experian Information Solutions, Inc. 475 Anton Boulevard Costa Mesa, CA 92626

First Source Advantage PO Box 628 Buffalo, NY 14240

First Sources Advantage, LLC 205 Bryant Woods South Amherst, NY 14228

FMA Alliance Ltd 12339 Cutten Road Houston, TX 77066

FMA Alliance, Ltd. PO Box 2409 Houston, TX 77252

Gordmans Citicorp Cr Services/Attn:Centralized Ba Po Box 20507 Kansas City, MO 64195

Gordmans PO Box 182118 Columbus, OH 43218

Gordmans c/o Comenity PO BOx 659705 San Antonio, TX 78265 JPMorgan Chase* 270 Park Avenue New York, NY 10017

Loyola University Medical Center 2160 South First Avenue Maywood, IL 60153

Loyola University Medical Center PO Box 4866 Oak Brook, IL 60522

Loyola University Medical Center Patient Financial Services 2160 South First Avenue Maywood, IL 60153

MacNeal Health Network 2384 Paysphere Circle Chicago, IL 60674

Macneal Hospital 3249 S Oak Park Avenue Berwyn, IL 60402

MacNeal Physicians Group LLC 2315 Enterprise Drive, Suite 110 Southwest Entrance Westchester, IL 60154

MacNeal Physicians Group LLC 6642 Paysphere Circle Chicago, IL 60674

Macy's Po Box 183083 Columbus, OH 43218

Macy's Inc. 9111 Duke Boulevard Mason, OH 45040 Macys Bankruptcy Department Po Box 8053 Mason, OH 45040

Metropolitan Advanced Radiological Services Ltd 1362 Paysphere Circle Chicago, IL 60674

Metropolitan Advanced Radiological 3249 Oak Park Avenue Berwyn, IL 60402

Midland Credit Management, Inc. 8875 Aero Drive Suite 200 San Diego, CA 92123

Midland Funding 2365 Northside Dri San Diego, CA 92108

Midland Funding 8875 Aero Drive, Suite 200 San Diego, CA 92123

MRS Associates of New Jersey 1930 Olney Avenue Cherry Hill, NJ 08003

MRS BPO, LLC 1930 Olney Avenue Cherry Hill, NJ 08003

Nationwide Credit Corporation 5503 Cherokee Avenue Alexandria, VA 22312

Nationwide Credit, Inc. PO Box 26314 Lehigh Valley, PA 18002

Professional Recovery Services PO Box 1880 Voorhees, NJ 08043 Saint Anthony Hospital 2875 W. 19th Street Chicago, IL 60623

Saint Anthony Hospital PO Box 809109 Chicago, IL 60680

Stanislaus Credit Control Po Box 480 Modesto, CA 95353

Stanislaus Credit Control Service, Inc. 914 14th Street PO Box 480 Modesto, CA 95354

Stanislaus Credit Control Service, Inc. 914 14th Street Modesto, CA 95354

Synchrony Bank PO Box 530916 Atlanta, GA 30353

Synchrony Bank c/o Recovery Management Systems Corp 25 SE 2nd Avenue, Suite 1120 Miami, FL 33131

Synchrony Bank/Amazon Attn: Bankruptcy Po Box 103104 Roswell, GA 30076

Synchrony Bank/Walmart Attn: Bankruptcy Po Box 103104 Roswell, GA 30076

Target 1000 Nicollet Mall Minneapolis, MN 55403 Target Credit Card (TC) C/O Financial & Retail Services Mailstop BT P.O. Box 9475 Minneapolis, MN 55440

Target Credit Card (TC) P.O. Box 9475 Minneapolis, MN 55440

Target Red Card PO Box 660170 Dallas, TX 75266

The Inn At Glacier Canyon Vacation Owners Association PO Box 574 Lake Delton, WI 53940

Trans Union LLC 1561 E. Orangethorpe Avenue Fullerton, CA 92831

Walmart Asset Protection Recovery PO Box 101928, Dept 4295 Birmingham, AL 35210

Walmart Stores Inc 702 SW 8th Street 6487 Bentonville, AR 72716

Wyndham Financial Baymont Franchise Systems, Inc 14227 Collections Center Drive Chicago, IL 60693

Wyndham Mortgage Po box 340090 Boston, MA 02241

Wyndham Vacation 10750 W. Charleston Boulevard Las Vegas, NV 89135 Wyndham Vacation 10750 W. Charleston Blvd Las Vegas, NV 89135

Wyndham Vacation Ownership, Inc. 6277 Sea Harbor Drive Orlando, FL 32821

Wyndham Vacation Resorts Financial Services PO Box 98940 Las Vegas, NV 89193-8940